

## Cindy Bowling, LISW-S



### TELEPSYCHOLOGY INFORMED CONSENT

(Adapted from Ohio Psychological Association Telepsychology Informed Consent)

As a client receiving psychological services through telepsychology methods, I understand:

1. Phone or videoconferencing sessions are provided in the context of individual therapy in circumstances where an in-person session is not possible or a phone session is more feasible.
2. If telepsychology services are provided with a video component, Ms. Bowling utilizes the HIPAA compliant service Doxy.me. I agree that when participating in phone sessions with Ms. Bowling, should communications be broken, I will call the applicable local county crisis line if I am at risk for harming myself or others or if I am in need of mental health services. I have access to the local county crisis line and understand that the national suicide crisis line, 1-800-273-TALK [8255] is another resource. I have been given alternative methods of contacting Ms. Bowling, and understand that in a crisis I will contact her by phone.
3. Telepsychology services are provided using technology (including but not limited to video, phone, text, and email) and may not involve direct, face to face, communication. There are benefits and limitations to these services. I will need access to, and familiarity with, the appropriate technology to participate in the service provided. If a need for direct, face to face emergency services arises, it is my responsibility to contact providers in my area such as visiting a local Emergency Room or to contact this office for a face to face appointment if I am in the provider's geographical area. I understand that an opening with the provider may not be immediately available.
4. I may decline any telepsychology services at any time without jeopardizing my access to future care, services, and benefits.
5. These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over the internet that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. When needed, my therapist and I will reassess the appropriateness of continuing to deliver services to me through the use of technology.
6. In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means. Circumstances include: 1) emergency situations 2) should service be disrupted and 3) for other communication.
7. My therapist may utilize alternative means of communication in circumstances when service is disrupted.
8. My therapist will respond to communications and routine messages within 48 hours during the work week and 72 hours over weekends. She will utilize automatic response messages to alert clients when temporarily unavailable through email.
9. It is my responsibility to maintain privacy on the client end of communication. Individuals authorized by the client and those permitted by law may also have access to records or communications.
10. I will take the following precautions to ensure that my communications are directed only to my therapist: I will ensure that all email communications are sent to cinda829@gmail.com.
11. Electronic email communications with PHI will be printed and kept in the client's file, or stored on an external drive in locked storage.
12. The laws and professional standards that apply to in-person mental health services also apply to telepsychology services. This document does not replace other agreements, contracts, or documentation of informed consent.

Client Name: \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_