

## INFORMED CONSENT FOR TELEHEALTH SERVICES

The following information is provided to clients and their families regarding telehealth services. This document covers risks and benefits associated with receiving services, my policies, and your authorization for services. A parent/legally-authorized representative of a child must provide consent for children under the age of thirteen. Clients age thirteen and older should review and complete this consent. General information regarding *Fees and Payments*, *Cancellations*, and *Emergencies/Contacting Me* are described in greater detail in my general “Terms of Service and Consent to Treatment” form.

### TELEHEALTH DEFINED

Telehealth means the remote delivery of health care or mental health services via technology-assisted media. This includes a wide array of clinical services and various forms of technology. The technology includes but is not limited to, a telephone, video, internet, a smartphone, tablet, PC desktop system or other electronic means. The delivery method must be secured by two-way encryption to be considered secure. Synchronous (at the same time) secure video chatting is the preferred method of service delivery.

### LIMITATIONS OF TELEHEALTH SERVICES AND CONFIDENTIALITY

While Telehealth offers several advantages such as convenience and flexibility, there may be disadvantages and limitations. These limitations include, but are not limited to, the possibility, despite best efforts to ensure high encryption and secure technology on the part of my psychologist, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

Additional issues include misunderstanding in communication due to this method of interaction or issues with audio or video quality, as well as concerns about interruptions and privacy during our meetings. I will take every precaution to insure technologically secure and environmentally private sessions. You also agree to use the video-conferencing platform my practice uses, and I will provide you with instruction on how to use this platform. You are advised to use a secure internet connection rather than public/free Wi-Fi for our sessions.

As the client, you are responsible for finding a private quiet location where the sessions may be conducted. Consider placing “do not disturb” signs on the door of the room you are using for our meeting as well as on your front door to minimize the possibility of interruptions. Once we have established a secure video connection, please turn off other phones or devices which could interrupt our session.

All confidentiality laws that apply to in-person appointments also apply to virtual sessions. Additionally, we both agree that no one will record the session without permission from all other participants in the session, including the provider.

### IN CASE OF TECHNOLOGY FAILURE OR CRISIS

During a Telehealth session we could encounter a technological failure. If something occurs to prevent or disrupt any scheduled appointment due to technical complications, I will call you. Please make sure you have a phone with you, and that I have that phone number. We may also reschedule if there are problems with connectivity.

I do not provide crisis intervention services via telehealth. If you experience an emergency during our session, please call **911** or go to the Emergency Room. The appointment may be suspended if, as a mental health professional, I determine that due to certain circumstances, a telehealth session is not appropriate.

## STRUCTURE AND COST OF SESSIONS

The only Telehealth services I provide are initial assessment interviews, consultations, and feedback sessions. If educational, psychological, and/or neurocognitive testing is planned, this will be in-person/in-office when it is advisable to do so. The structure and cost of Telehealth sessions are exactly the same as in-person sessions described in my general "Terms of Service and Consent to Treatment" form. We are both responsible for understanding your mental health benefits. Please contact your insurance provider to verify coverage via Telehealth.

In the event that you are unable to keep a Telehealth appointment, please notify me at least 24 hours in advance. If such advance notice is not received, you will be financially responsible for the session you missed. Please note that insurance companies do not reimburse for missed sessions.

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By signing below, I attest that I have read, understood, and agreed to these policies, and that I have received my own copy of Anne Wright, PhD, PLLC's *Informed Consent for Telehealth Services*. I further agree to discuss any issues or concerns regarding telehealth appointments with Dr. Wright prior to our first scheduled telehealth appointment.

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

\_\_\_\_\_  
Client Signature (age 13 or over)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

My signature below attests that I have discussed this form with you and answered any questions you have regarding this information:

\_\_\_\_\_  
Anne Wright, PhD

\_\_\_\_\_  
Date