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INFORMED CONSENT FOR TELEPSYCHOLOGY/TELEHEALTH

This Informed Consent for Telepsychology contains important information focusing on doing psychotherapy using the phone or the Internet. Please read this carefully; let me know if you have any questions. Your signature on this document represents an agreement between us.

Benefits and Risks of Telepsychology

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that the client and therapist can engage in services without being in the same physical location. This modality can be helpful in ensuring continuity of care if the client or therapist moves to a different location, takes an extended vacation, responds to a personal or social health condition, or is otherwise unable to continue to meet in person. This modality is also more convenient and takes less time. Telepsychology, however, requires technical competence from the client and the therapist. Although telepsychology offers benefits, some differences and risks occur between in-person psychotherapy and telepsychology.

- Risks to confidentiality. Because telepsychology sessions take place outside of the therapist's private office, other people could overhear sessions if both the client and the therapist are not in a private place during the session. I will take steps to ensure your privacy. Your part of the situation is that you find a private place for our session so that you will not be overheard or interrupted. Please also protect the privacy of our session on your cell phone or other device.
- Issues related to technology. Many technology issues could affect telepsychology. For example, technology might stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
- Crisis management and intervention. Usually, I will not engage in telepsychology with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telepsychology, we will develop an emergency response plan to address potential crisis situations that could arise during the course of our telepsychology work.
- Efficacy. Most research shows that telepsychology is almost as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. For example, can a therapist's ability fully understand non-verbal information when working remotely, especially via phone.

Electronic Communications

We will decide together the type of telepsychology service to use. You might need a specific computer or cell phone system to use telepsychology services. You are solely

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responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telepsychology.

My phone/text and my e-mail systems are encrypted/confidential:

Phone/text: (425) 522-3077

E-mail: abb@annbblakephd.com

I also use a HIPPA-compliant video platform: doxy.me.

Access code: <https://doxy.me/annbblake>

Communication between sessions: for administrative purposes (i.e., emergencies and/or rescheduling appointments, unless we have made another agreement), I use an encrypted phone/text messaging and an encrypted e-mail site. Even though the contact platforms are encrypted and confidential, I prefer to discuss clinical information during appointments rather than by e-mail or text. In an emergency, please call my cell phone number: (425) 522-3077.

Treatment is most effective when clinical discussions occur at our regularly scheduled sessions. If an urgent issue arises, you can reach me by phone: (425) 522-3077. My intention is to return your call within 24 hours except on weekends and holidays. If you are unable to reach me and cannot wait for me to return your call, contact your family physician; the nearest hospital emergency room; Crisis Connects (206) 461-3222; or call 911. When I am unavailable for an extended time, I will provide you with the name of a colleague to contact in my absence.

Confidentiality

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our telepsychology. However, because of the nature of electronic communications technologies, I cannot guarantee that our communications will be kept confidential or that other people cannot gain access to our communications. I use updated encryption methods, firewalls, and back-up systems to help keep your information private, but a risk exists that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (e.g., using only secure networks for telepsychology sessions and having passwords to protect the device you use for telepsychology). Please make arrangements for privacy in your home or other location.

The extent of confidentiality and the exceptions to confidentiality that I outlined in my general Disclosure Statement apply to telepsychology. Please let me know if you have any questions about exceptions to confidentiality.

Appropriateness of Telepsychology

From time to time, we might schedule in-person sessions to “check-in” with one another. I will let you know if I decide that telepsychology is no longer the most appropriate form

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of treatment for you. We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

Emergencies and Technology

When we use telepsychology modalities, I need to confirm your phone number and your physical location (home address, etc.).

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in telepsychology services. I will ask you to identify an emergency contact person who is near your location and whom I will contact in the event of a crisis or emergency to assist in addressing the situation. See below in the signature spaces for your permission for me to contact your emergency contact person as needed during such a crisis or emergency.

If the session is interrupted for an emergency, do not call me back; instead, call 911 or go to your nearest emergency room. Please call me back after you have called or obtained emergency services.

If the session is interrupted by a technology interruption and you are not having an emergency, please disconnect from the session; I will wait two (2) minutes and then re-contact you via the telepsychology platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, please call me on the phone number I provided you: (425) 522-3077.

If a technological failure occurs and we are unable to resume the connection or reconnect via phone, I will charge you for the prorated amount of actual session time.

Fee

The same fee rates will apply for telepsychology as apply for in-person psychotherapy. However, insurance or other managed care providers might not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in telepsychology sessions in order to determine whether these sessions will be covered.

Records

The telepsychology sessions should not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a confidential written record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

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Informed Consent

This agreement is intended as a supplement to the general informed consent Disclosure Statement and The Notice that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement.

I give Ann B. Blake, Ph.D. permission to contact the following person in case of emergency:

In Case of Emergency Contact Person
(printed name)

Contact information
(phone preferred)

Client printed name

Date

Client signature

Date

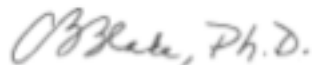
Your signature below indicates agreement with the terms and conditions of this Telepsychology Informed Consent Form.

Client printed name

Date

Client signature

Date



Therapist signature

March 5, 2021

Date

References

Joint Task Force for the Development of Telepsychology Guidelines for Psychologists (2013). Guidelines for the practice of telepsychology. *American Psychologist*, 68, 791-800. Retrieved from <https://www.apa.org/pubs/journals/features/amp-a0035001.pdf>