INFORMED CONSENT FOR TELE-PSYCHOLOGICAL SERVICES

Please read the following agency practice below regarding video sessions and the use of Zoom meetings online. Please choose whether you will give or not give your consent for Riverstone Psychological Services, Inc. to utilize these platforms for video sessions when both provider and patient decide to use this feature. You may change or rescind your consent at any time by notifying your therapist in writing. There is no penalty for declining or rescinding consent.

My signature below indicates my understanding of and agreement to the following:

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the other person(s). I understand and agree that Riverstone cannot guarantee that this mode of services is secure and protected to the fullest extent, as Zoom is a separate entity from Riverstone.
- We will use the video-conferencing platform selected for our virtual sessions, and the therapist will explain how to use it. **Preferred Email to receive video links**: _____
- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the therapist in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems: **Backup number**: _____
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation: **Emergency Contact**: _____
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions: Parent Contact: _____
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- As your therapist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.
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_____

Client's Name Signature Date

_____

Parent/ Guardian's Name Signature Relationship to Patient Date

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