



ORLANDO PSYCHOLOGY ASSOCIATES

1630 HILLCREST ST. ORLANDO, FL. 32803

PH: (407) 447-5437 FAX: (407) 447-4543

INFORMED CONSENT FOR TELEPSYCHOLOGICAL SERVICES

In addition to all agreements made in the Contract for Services signed at your first visit, the following additions need to be agreed upon before starting video/phone conferencing services:

- There are potential benefits and risks of telepsychology services that differ from in-person sessions. Benefits include being able to continue treatment when obstacles prevent in-person services. Risks include limits to patient confidentiality, as someone may be able to overhear our conversation if you are not in a private location.
- Confidentiality still applies for telepsychology services. We will not record any session, nor are you permitted to record any portion of a session.
- It is important to be in a quiet, private space that is free of distractions (including cell phones, television, or other devices) during the session and using a secure internet connection (rather than public/free Wi-Fi).
- You agree to use the telepsychology platform our office has selected for our virtual sessions and we will explain how to use it. You will need a webcam, tablet, or smart phone during the session.
- If we have technical difficulty, the provider will call you at the number you provided on this form. If we have significant difficulty connecting, you will not be charged for the session.
- Once it is determined that the circumstances related to the COVID-19 outbreak have changed, in-person sessions will resume.
- Our office will make every effort with your insurance provider to ensure that these emergency telepsychology appointments will be covered. However, in the event insurance does not provide payment, you will be responsible for the full contracted rate of the session.
- In the event of a crisis situation, you authorize a safety plan that includes our provider being permitted to call your emergency contact and the closest emergency room to your location, both listed below.

By signing below, I am consenting to telepsychology services with a provider at Orlando Psychology Associates and agree to all the above office policies. I understand that any of the points mentioned above can be discussed and may be open to change at any time.

Printed Client Name

Signature of Client

Date

Best Phone Number

Preferred email

Emergency Contact Name

Emergency Contact Phone

Nearest Emergency Room

Please make sure the information above, especially the email, is legible. Please return this form prior to your appointment by faxing to 407-447-4543, dropping off in person, or emailing to OrlandoPsychologyAssociates@gmail.com ATTN: Telehealth **(Please note: email is only for this use and cannot be used to make/change/cancel appointments, ask clinical questions, etc).**

Call 407-447-5437 with any concerns.