

INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

Prior to starting video-conferencing services, we discussed and agreed 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 permission from the other person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist/therapist will explain how to use it.
- You need to use a webcam or smartphone 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 psychologist/therapist in advance by phone at 208-233-0150.
- We must have a back-up plan (e.g. phone number where you can additionally be reached) to restart the session or to reschedule it.

Additional contact number: \_\_\_\_\_

Name of Person attached to this 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.

Name of emergency contact: \_\_\_\_\_

Phone number: \_\_\_\_\_

- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for the full payment.
- As your psychologist/therapist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in person or make other arrangements.

PAS clinician's name: \_\_\_\_\_

Patient's name: \_\_\_\_\_

Signature of Patient/Patient's Legal Representative: \_\_\_\_\_

Date: \_\_\_\_\_

PAS Representative: \_\_\_\_\_