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INFORMED CONSENT FOR TELEHEALTH SERVICES

The information presented here is important and focused on doing mental health therapy using the phone or Internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

Benefits and Risks of Telehealth Services

Telehealth services refers to providing therapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telehealth services is that the patient and clinician can engage in services without being in the same physical location. There are some differences between in-person mental health therapy and telehealth services, as well as some risks, such as:

- For your safety, you should participate in therapy only in a private setting where other people are not present and cannot overhear the conversation.
- Technology may 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.
- I will not usually engage in telehealth services with patients who are currently in crisis and require high levels of support and intervention.
- Research shows that telehealth services are about as effective as in-person therapy. However, communication may be hampered or limited in other unexpected ways.

Confidentiality

The extent of confidentiality and the limitations to confidentiality that I outlined in New Patient Services Agreement still apply in telehealth services. I will make my best efforts to protect our communications. I will take appropriate steps to protect confidential information, but there is a risk that our electronic communications may be compromised.

Appropriateness of Telehealth services

I will let you know if I decide that telehealth services are no longer the most appropriate form of treatment for you.

Emergencies and Technology

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency (i.e., a life-threatening situation), do not call me back; instead, call 911 or go to your nearest hospital emergency room. Call me back after you have called or obtained emergency services.

Otherwise, if the session is interrupted, disconnect from the session and I will re-start our session via doxy.me. You may need to exit and re-enter my waiting room. If I am not able to restart our telehealth session within a few minutes, I will then call you on your primary telephone number. If there is a technological failure and we are unable to resume the connection, you may still be charged for the services that were provided.

Fees

The same fee rates will apply for telehealth services as apply for in-person therapy. If your insurance, HMO, third-party payor, or other managed care provider does not cover telehealth therapy sessions, you will be solely responsible for the entire fee of the session.

Recording

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

Informed Consent

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

Your signature below indicates agreement with its terms and conditions.

Patient

Date

Therapist

Date