



Arts for Replenishment & Change
Therapy for a Fresh Perspective

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 the permission from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and Dr. Coffey will explain how to use it.
- 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 Dr. Coffey in advance by phone or email.** (*See Cancellation and No-Show Policies. Also see Credit Card Authorization and Collection of Fees.*)

- 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.
- 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.
- 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.

Please fill out and email to DrAnnie@ReplenishmentAndChange.com



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- 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 psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

Psychologist Name / Signature: _____

Patient Name: _____

Signature of Patient/

Patient's Legal Representative: _____

Date: _____