

Professional Psychological Services, P.C.
A Professional Practice Group

Informed Consent for Video Therapy Session

Please read the following video therapy consent form and sign below. If you have any questions, please contact your provider and they will be happy to answer them.

1. I agree to engage in a video therapy session with my provider, _____.
I understand that a video session is not the same as an in-person session as I will not be in the same room as my doctor.
2. We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist will explain how to use it.
3. I understand I will need to use a webcam or smartphone during the session.
4. I also understand that, in order to have the best results for this session, I should be in a quiet, private space that is free of or limited in distractions.
5. I understand there are potential risks to this technology, such as interruptions, unauthorized access, and technical difficulties. I agree that my provider or I can discontinue the video therapy session if it is felt that the videoconferencing connections are not adequate for the situation.
6. My provider agrees to inform me and obtain my consent if another person is present during the consultation, for any reason. I agree to inform my provider if there is another person present with me during the session.
7. Confidentiality still applies for telepsychology services, and nobody will record the session without permission from the other person(s).
8. It is important to use a secure internet connection rather than public/free Wi-Fi. I agree that there is a risk of loss of privacy by using email, text, or public/free Wi-Fi for communication with my therapist.
9. Because 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. Please provide your phone number at which you can be reached at the time of a session: _____.
10. I understand this consent will last for the duration of the relationship with my provider, including any additional video therapy sessions I may have. I can withdraw my consent for a video therapy session at any time.
11. I understand that same confidentiality protections, limits to confidentiality, and rules around my records apply to a video therapy session as they would to an in-person session.

12. It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the psychologist in advance by phone or email.

13. I agree to work with my provider to come up with a safety plan, that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation during our sessions. Please provide the following:

Emergency contact name and phone number: _____

Name of closest Hospital ER: _____

14. I understand that my psychologist may decide to terminate video therapy services, if they deem it inappropriate for me to continue therapy through video sessions. In such a case, I understand I am free to resume in-person sessions.

15. Finally, I understand I should confirm with my insurance company that video teletherapy sessions will be reimbursed. I understand and agree that if they are not reimbursed, I am responsible for full payment.

By signing this form, I agree and certify:

- I have read or had this form read and/or had this form explained to me.
- I fully understand its contents including the risks and benefits of the procedure(s).
- I have been given opportunity to ask questions and that any questions have been answered to my satisfaction.
- I agree to participation in a video therapy session(s) with _____.

Patient Name: _____

Signature of Patient/ Patient's Legal Representative

Date