

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 the psychologist 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 the psychologist in advance by phone or email.
- 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.
- 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.

Print Patient Name: _____

Signature of Patient or

Patient's Legal Representative: _____

Date:

Psychologist Name / Signature: _____

Teletherapy Informed Consent Form

1. Teletherapy involves the communication of personal medical or psychiatric information visually and orally via live interactive video. Telephone conversations will be accepted as a back-up only when technical difficulties that are out of our control prevent the use of video.
2. Teletherapy will occur within North Carolina, USA and is governed by NC state laws. This modality of treatment is being used to visit my therapist in their office, where we meet just as an in-person session would.
3. Laws that protect therapist-patient confidentiality of medical records/information are the same for teletherapy. Teletherapy exchange is fully confidential unless stated otherwise. General mandatory and permissive exceptions to confidentiality may apply. Such exceptions include:
 - a. If, in writing, you require disclosure
 - b. If child neglect or abuse is disclosed, your therapist is required to notify North Carolina Department of Children and Family Services
 - c. If your therapist believes you or another person is at risk of serious harm or death
 - i. Your therapist may seek hospitalization for you or a family member/friend who could help; before taking this step, they will discuss the situation with you fully, unless there is a serious concern for safety
4. Others will not be present in the room or for the session unless agreed upon by both parties ahead of time.
5. Teletherapy is NOT an emergency service. If an emergency situation is happening, I understand I need to call 911 and/or proceed to the closest hospital for immediate help. If I am having suicidal thoughts or thinking of harming myself, I need to call Mobile Crisis at 866-437-1821, Delta's Coaching Phone at 910-431-8009, the Suicide Prevention Line at 1 (800) 273-8255 or call 911.
6. The therapist has the right to suggest alternatives best suited to my needs if teletherapy is not proving helpful under my circumstances. I understand that teletherapy sessions may not be as in-depth as face-to-face sessions.
7. I have the right to withdraw or withhold my consent at any point in time without it affecting my right to further treatment. I also have the right to access copies of my medical records and my medical information in accordance with NC state law and HIPAA privacy rules.
8. I am responsible for providing my own computer or technology required for teletherapy sessions, internet access, information security on my computer, and establishing a location conducive to teletherapy and is private.

Teletherapy Informed Consent Form

9. I understand that there are potential benefits and risks associated with psychotherapy in any form, and that my condition may not improve or could possibly worsen, despite the best efforts of both my therapist and me. I understand results are not guaranteed.
10. There are potential risks and consequences from teletherapy that include but are not limited, to the possibility of: disruption or distortion of the transmission of information by technical failures; interruption of the transmission of information by unauthorized persons; or access of my medical/psychiatric information by unauthorized persons despite my therapist's efforts.

I have read the document in full, understand and agree to the information above. By signing this document, you are agreeing to participate in teletherapy and understand your rights as described above.

Client's Printed Name

Date

Client/Legal Guardian (if under 18) Signature

Email

Provider Signature

Date



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 Brian Williamson, MSW, LCSW, LCAS
 UNCW & Other University Interns

Payment arrangement: _____

I, _____, (responsible party) have read and agree to the above policies and procedures. I have provided Delta Behavioral Health my credit card information and give authorization for its use for unpaid service fees.

 Signature/Date (and card holder signature/date if different)

 CC type/CC number/Security code on back/Name on card Exp Date



CARF Accredited Partial Hospital Program and Substance Abuse Intensive Outpatient Program