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Clinical Psychologist PSY16120

Informed Consent for Telepsychological Services

Telepsychology refers to mental healthcare provided by any means other than a face to face visit. Sessions occur interactively from one site to another through electronic communications.

The purpose of this form is to obtain your consent for telepsychological services provided by Kera Glazer-Rosoff, Ph.D.

Patient's

Initials:

- _____ I understand that 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 sessions without the permission of the other 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. Please refer to the form Office Policies.
- _____ 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 emergency room 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 are responsible for payment in full at the end of each session either through Venmo or a mailed in check. A superbill will be emailed to you if you would like to seek reimbursement from your insurance company. For those on Medicare, services will be provided at Medicare's rate of reimbursement. You should confirm with your insurance company that the video sessions will be reimbursed at their rate of reimbursement. 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.

Your signature below verifies that you have carefully read, fully understand, and agree to these policies. Should you have a dependent child or adult in my care your consent is applicable for the services they receive.

Client Name (Print)

Name of Responsible Party (if under 18 or cared for by a legal guardian)

Signature of Client or Responsible Party (if under 18 or cared for by a legal guardian)

Date

Kera Glazer-Rosoff, Ph.D.

Date