

INFORMED CONSENT FOR TELETHERAPY

As a client receiving therapeutic services through telehealth methods, I understand:

1. This service is provided by technology (including but not limited to video, phone, text, and email) and may not involve direct, face to face, communication. There are benefits and limitations to this service. I will need access to, and familiarity with, the appropriate technology to participate in the service provided. Exchange of information will not be direct and any paperwork exchanged will likely be exchanged through electronic means or through postal delivery.
2. If a need for direct, face to face services arises, it is my responsibility to contact this office for a face to face, in person appointment. I understand that an opening may not be immediately available.
3. I may decline any telepsychology services at any time without jeopardizing my access to future care, services, and benefits.
4. These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over the internet that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. My clinician and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of technology.
5. In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means.
 - a. In emergency situations, please call 911.
 - b. Should service be disrupted, please contact your clinician by phone at 513-846-5283. Email may also be utilized to alert your clinician.
 - c. For other communication, please contact the office at 513-846-5283. You can also securely message your clinician through the secure client portal.
6. Prior to starting telehealth services, I will provide my clinician with the name and phone number of an emergency contact. My clinician may contact this individual or 911 if s/he believes I am in danger of harm to self or others.

7. My clinician will respond to communications and routine messages within 48 hours
8. It is my responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.
9. I understand that sessions are not recorded, and I agree not to record sessions. Any communications (secure messaging, texts, etc.) exchanged with my clinician will be documented in my electronic health record maintained by my clinician.
10. The laws and professional standards that apply to in-person psychological services also apply to telepsychology services. This document does not replace other agreements, contracts, or documentation of informed consent.
11. I understand that both the clinician and I will need the following:
 - a. Access to a webcam or smartphone during the session.
 - b. Access to quiet, private space that is free of distractions (including cell phone or other devices) during the session.
 - c. Secure internet connection rather than public/free Wi-Fi.
12. At the beginning each session, I will be asked to provide:
 - a. The address of my location
 - b. Call-back number in case service are disrupted
13. If you are not an adult, Tabono requires permission from your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.
14. You should confirm with your insurance company that teletherapy will be reimbursed. If they are not reimbursed, you are responsible for full payment.
15. As your clinician, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

Thank you for taking the time to review this policy. Please do not hesitate to ask any questions.