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INFORMED CONSENT FOR TELEPSYCHOLOGY

Electronic Communications

Psychotherapy services using telecommunications (telepsychology), such as video conferencing or telephone, vs in-person psychotherapy have therapeutic differences, as well as some risks. Research indicates that telepsychology is about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely. Further, telepsychology may inhibit some types of communication and/or disclosures.

For communication between sessions, Dr. Sack will only use email communication and text messaging with your permission. You initiating the first text or email between yourself and Dr. Sack is also identified as your permission for Dr. Sack to use this form of communication with you. Email exchanges and text messages should be limited to administrative matters, including things like setting and changing appointments, billing matters, and other related issues. You should be aware that Dr. Sack cannot guarantee the confidentiality of any information communicated by email or text. Therefore, Dr. Sack will not discuss any clinical information by email or text and prefers that you do not either. Also, Dr. Sack does not regularly check email or texts, nor responds immediately, so these methods **should not** be used if there is an emergency.

Confidentiality

Dr. Sack has a legal and ethical responsibility to protect all communications that are a part of working with patients. Dr. Sack is committed to HIPAA compliance and will, to the best of her knowledge, use HIPAA compliant technology for telepsychology. However, the nature of electronic communication technologies is such that Dr. Sack cannot guarantee that psychotherapy communications will be kept confidential or that other people may not gain access to our communications. Dr. Sack will make every effort to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. Dr. Sack will work within her power to insure that electronic communication is functioning on her side. On your side, you are responsible to ensure the security and electronic functioning of our communications (for example, having passwords to protect the device you use for telepsychology). Further, it is important for you to make sure you find a private place for session where you will not be interrupted and cannot be overheard. The extent of confidentiality and the exceptions to confidentiality that Dr. Sack outlined in her Office Policies also apply in telepsychology.

Appropriateness of Telepsychology

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in traditional in-person therapy. Dr. Sack's judgment may be that telepsychology is not in your best clinical interest. Dr. Sack will let you know if she decides that telepsychology is not or is no longer the most appropriate form of treatment for you. A discussion of other options will take place, including options of, for example, scheduling in-person sessions or a referral elsewhere.

Printed Name of Client

Emergencies and Technology

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call Dr. Sack back; instead, call 911 or go to your nearest emergency room. Reconnect with Dr. Sack after you have called or obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and re-contact via the telepsychology platform. If the session is not reconnected within four (4) minutes, then call Dr. Sack at 334-590-8492.

Fees

The same fee rates will apply for telepsychology as apply for in-person psychotherapy. Insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire session fee and your insurance company will not reimburse you for any portion of sessions. Please contact your insurance company to determine whether audio or audio-visual sessions will be covered. As with in-person psychotherapy, telepsychology session will begin and end at the scheduled time. All notations about fees outlined in Dr. Sack’s Office Policies also apply to telepsychology. If there is a technological failure and we are unable to resume the connection, fees will be prorated to reflect only the actual session time.

Records

The telepsychology sessions shall not be recorded in any way, on your side or Dr. Sack’s side. Dr. Sack will maintain a written record of telepsychology sessions in the same way she maintains records of in-person sessions in accordance with office policies.

Informed Consent

I consent to receiving telepsychology services and I agree to the conditions described in this form.

I understand that this agreement is an addendum to the general Office Policies and any informed consent I signed and agreed to at the outset of or during my psychotherapy work with Dr. Sack. I understand that this addendum does not amend any of the terms of those agreements.

I understand that I may withdraw consent for future telepsychology sessions at any time. I understand that lack of consent or withdrawal of consent may change my access to psychotherapy with Dr. Sack.

I authorize Dr. Sack to call me at the following **telephone number**(s) for communication and/or for audio-only telepsychology and communication. _____

I understand that I am responsible for the cost of my electronic device as well as telephone or internet service fees. I understand that I am responsible for maintaining the confidentiality of my end of the psychotherapy session and of my electronic device.

Your signature below indicates agreement with the terms and conditions throughout this document.

Printed Name of Patient

Printed Name of Responsible Party

Signature of Patient or Responsible Party

Date