



David Udelf & Associates
Psychological Services

Phone: (216) 595-3175
Fax: (216) 595-3178

david.udelf@prodigy.net
www.docudelf.com

TELEPSYCHOLOGICAL/TELEPHONING SERVICES CHECKLIST
AND INFORMED CONSENT

David Udelf, Psy.D.

doxy.me/docu

- There are potential benefits and risks of telephone or videoconferencing (e.g. limits to patient confidentiality, etc.) that differ from in-person sessions that we review and discuss during our conversation.
Confidentiality still applies for telepsychology and telephone services, and nobody will record the session without the permission from the others person(s).
We agree to use the video-conferencing platform Doxy.me, telephone, or other compliant platform for virtual sessions, and I will explain how to use it.
You need to use a webcam or smartphone during video sessions.
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, NOT a public/freeWi-Fi.
It is important to be on time. If you need to cancel or change your tele-appointment, you must notify me in advance by phone or email.
We need a back-up plan (e.g., phone number where you can be reached, alternative Telehealth platform, telephone, etc.) to restart the session or to reschedule it, in the event of technical problems.
Please be assured that I will NEVER hang-up or disconnect from our session. Should we become disconnected it is because of technical difficulties, not because I intentionally disconnected
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.
Please confirm with your insurance company that the video and/or telephone sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
We may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

Prior to starting Telepsychology or telephone services, we discussed, agreed, and consented to the above.

Name of Client (Please Print)

Signature of client or Parent/Guardian

Date

East Side Location
The Darwood Building
23360 Chagrin Boulevard
Suite 110
Beachwood, OH 44122

West Side Location
King James Office Park
24500 Center Ridge Road
Building 4, Suite 250
Westlake, OH 44145