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

Name of Client (Please Print

(216) 595-3175 Fax: (216) 595-3178 www.beckerudelf.com

TELEPSYCHOLOGICAL/TELEPHONING SERVICES CHECKLIST AND INFORMED CONSENT

Paul Becker, Ph.D

David Udelf, Psy.D.

Patricia Masterson, Ph.D.

- There are potential benefits and risks of telephone or video-conferencing (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 hangup 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 situation.
- 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 s	ervices, we dis	cussed, agreed	l, and consented t	O
the above.						

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Signature of Client or Parent/Guardian	φ.	Date