

Informed consent regarding use of telehealth

Unforeseen circumstances (e.g., illness, weather related events, academic breaks during the school year, etc.) may prevent personnel at the SIU Clinical Center (CC) to deliver services via regularly scheduled face-to-face visits. To minimize disruptions to care, telehealth psychological services will be utilized for a *limited period of time* via a HIPPA-compliant electronic communication platform or via telephone. Procedures to safeguard patients' Protected Health Information already in place at the CC will be extended to psychological services provided via telehealth.

Prior to starting video-conferencing services, we discussed and agreed to the following:

- 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 session without the permission from the others 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, smartphone, or telephone 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 clinic in advance by phone.
- 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 ER 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.
- As your therapist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person or suspend sessions for some period of time, altogether if we cannot meet in person.

Consent and Terms of the Plan:

I, _____, have read the above statement and consent to receiving psychological services via (initial below to indicate consent):

- ___ HIPPA-compliant video conferencing as follows (indicate the preferred platform: Doxy.me, Zoom for business, or Skype) : Email address is _____
- ___ telephone (provide number): _____

I agree with the following plan (initial below to indicate consent):

- ___ My therapist is allowed to email me a link to our Zoom meeting
- ___ My therapist and I will e-meet during our regular time, or any other time as agreed upon

- ___ My therapist and I will meet:
 - Weekly
 - Every other week
 - Other: _____

- ___ My therapist and I will meet for:
 - 45-50 minutes
 - Brief phone check-up (5-10 minutes)
 - Other: _____

- ___ I agree to fill out any assessment measures (TOP, records, etc.)

Payment:

- ___ I understand that brief 5– 10 minute check-ins will have no charge
- ___ I agree to pay for my session (or a portion thereof if less than 45 minutes. as discussed with my therapist) by:
 - Paying with check for all sessions in advance (sending a check to the SIU Clinical Center for the session(s))
 - Paying with CC# for all sessions in advance (over the phone)

Client name (Print)

Client Signature

Date

Client gave verbal consent

Parent or Legal Guardian's name (Print)

Date

Parent or Legal Guardian's Signature

Date

Parent/Guardian gave verbal consent

Therapist Name (Print)

Please mail completed consent form to:

SIU Clinical Center

Wham Building 141 – Mail Code 4602

Southern Illinois University

625 Wham Drive

Carbondale, IL 62901

OR Fax:

618-453-6130