

# Informed Consent for Tele-Psychological Services

In addition to the material you have read in my Informed Consent (Outpatient services contract between Dr. Hillner and client), the following applies to providing psychological services over video media.

- 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 other person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and Dr. Hillner or his staff will explain how to use it. You need to use a web cam or smart phone 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. Please be sure no one else is present or can hear our conversation.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- Like our regular therapy session, it is important to be on time as my session will also end on time. If fail to keep or cancel an appointment, like regular face-to-face appointments, you will be charged as Dr. Hillner is reserving this time for you. If you need to cancel or change your tele-appointment, you must notify Dr. Hillner in advance (24 hours).
- 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 emergency room to your location, in the event of a crisis situation. If you are not in Hamilton County, Tennessee, please provide Dr. Hillner the number of your local police department in case of an emergency.
- 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.
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- As your psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

PLEASE COMPLETE THE FOLLOWING (FOR EMERGENCIES ONLY):

Your exact location when you are involved in video conferencing (address) (Please advice if this changes)

Your phone number (I can call if we are disconnected)

If you are not in Hamilton County, Tennessee, what is the number for your Police Department.

-----  
Name of Patient (print)

-----  
Name of Guardian (print)

-----  
Signature of patient or guardian

-----  
Date