



INFORMED CONSENT FOR TELEPSYCHOLOGY

This Informed Consent for Telepsychology contains important information focusing on doing psychotherapy using the phone or the internet. Please read this carefully and let me know if you have any questions. This is considered an addendum to the scheduling and billing policies form you signed at the beginning of treatment. Scheduling an online session with me indicates understanding and consent with the policies below.

Benefits and Risks of Telepsychology

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Telepsychology, however, requires technical competence on both our parts to be helpful. Although there are benefits of telepsychology, there are some differences between in-person psychotherapy and telepsychology, as well as some risks. For example:

Risks to confidentiality. Because telepsychology sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

Issues related to technology. There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies. I have selected a HIPAA-compliant platform with encryption to minimize unauthorized access. I do not store any data or recording from online sessions.

Crisis management and intervention. Usually, I will not engage in telepsychology with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telepsychology, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our telepsychology work.

Efficacy. Most research shows 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.

Electronic Communications in an Emergency

If an urgent issue arises, you should reach me by phone. **Contact via Zoom should not be used in an emergency.** I will try to return your call as soon as possible per my customary policies. If you are unable to reach me and feel that you cannot wait for me to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist on call.

600 Cameron Street, Alexandria, VA 22314
703-340-1667
www.virginialindahl.com
virginia@virginialindahl.com

Confidentiality

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our telepsychology. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try 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. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telepsychology sessions and having passwords to protect the device you use for telepsychology).

The extent of confidentiality and the exceptions to confidentiality outlined in my Client Service Agreement and Privacy Policies still apply in telepsychology. Please let me know if you have any questions about exceptions to confidentiality.

This is intended to only be a short-term means of providing treatment during the COVID-19 pandemic. Once it is safe and appropriate to meet in person, I will resume in-person sessions at my office.

Technical Difficulties and Emergencies

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back; instead, call 911, or go to your nearest emergency room. Call me back 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 I will wait two (2) minutes and then re-contact you via the telepsychology platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, then call me on the phone number I provided you (703-340-1667).

Fees

The same fee rates will apply for telepsychology as apply for in-person psychotherapy. I may prorate fees for sessions that were interrupted/shortened for technical difficulties beyond our control.

Records and Confidentiality

The telepsychology sessions shall not be recorded in any way. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

The Zoom platform is an individual platform accessible only to me but is part of a group contract. No other colleague has access to any aspect of my account and any sessions conducted on this platform. No clinical or professional association with any other professional exists or is implied.

Informed Consent

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE READ THIS AGREEMENT AND AGREE TO ITS TERMS.

SIGNATURE OF CLIENT

DATE

IF CLIENT IS A MINOR:

CHILD'S NAME

SIGNATURE OF PARENT #1

DATE

PRINTED NAME

SIGNATURE OF PARENT #2

DATE

***(REQUIRED IF PARENTS ARE
SEPARATED OR DIVORCED AND
HAVE JOINT LEGAL CUSTODY)***

PRINTED NAME