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Consent to receive Psychological Services through Telehealth

Definition of Services

Telepsychology is a form of psychological service provided via internet technology, which can include consultation, treatment, transfer of medical data, emails, telephone conversations and/or education using interactive audio, or audio-video communications.

Telepsychology has the same purpose or intention as psychotherapy and psychological treatment sessions that are conducted in person. However, due to the nature of technology used, telepsychology will be experienced somewhat differently than face-to-face treatment sessions.

There are potential benefits and risks associated with remote contact that differ from in-person sessions. Please review them below and indicate that you have done so.

Patient's Rights, Risks and Responsibilities

- * We will use the HIPAA compliant video conferencing platform selected by Dr. Stevens and she will explain its use to me. Each of us must use a webcam or smartphone during the session. In the event that I do not have this equipment, we can use any telephone. This will enable us to have meaningful clinical contact during times when it is not possible to meet in the office.
- * It is important to use a secure internet connection rather than public or free WiFi.
- * Remote sessions will be scheduled at regular times. The same fee and cancellation policies apply as for in-person sessions (24 hours notice or I will be charged half my usual fee) I will consult my insurance company regarding any questions I have about their coverage of telepsychology services.
- * Confidentiality remains the cornerstone of psychological treatment even through telepsychology. I understand that I am responsible for attending my remote session in a quiet, private space free from distractions where I will not be seen or overheard by other people. I will not use other phones or devices during my session. The same applies to Dr. Stevens. Nobody will record the session without written permission from the other person.
- * If we are interrupted or disconnected, Dr. Stevens will attempt to reconnect through the video platform or will call me at the phone number I provide below to continue our session.
- * In the event of a psychological emergency, I can call 911 or go to the nearest emergency room for assistance. I will also provide Dr. Stevens with an Emergency Contact person's information below.
- * I understand that Dr. Stevens may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in person.

This agreement is a supplement to the general informed consent that I signed at the beginning of our work together and does not alter any terms of that agreement. I have read the above information regarding telepsychology, understand it, and consent to receive care through this format when Dr. Stevens and I agree to do so.

Patient Name _____

Telephone number for backup contact: _____

Email for video session access link: _____

Patient signature _____ date _____

Emergency Contact Person: _____

Address: _____

Telephone number: _____

In order to provide the best care possible, it is necessary to have a plan for emergencies. I hereby give Dr. Stevens permission to contact the above named person on my behalf in case of an emergency.

Patient Name: _____

Patient signature: _____