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State of North Carolina #5118
Authority to Practice Interjurisdictional
Telepsychology under PSYPACT #10229
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Informed Consent for Telepsychology

This agreement serves as an extension from the Informed Participation Agreement for psychological services previously signed. In that agreement, the following topics were covered: Psychological Services, Visits, Cancellations, Fees, Payment for Service, Contacting My Provider, Emergencies, and Confidentiality. This agreement covers the delivery of Telepsychology services.

Telepsychology may include psychological health care delivery, diagnosis, consultation, and psychotherapeutic treatment. Telepsychology will occur primarily through interactive audio and video communications that occur on devices such as computers, laptops, tablets, and smart phones.

I understand that I have the following rights with respect to telepsychology:

(1) I have the right to withhold or withdraw consent at any time. If consent is withheld or withdrawn, my option is to meet with my provider in person, if available. If I refuse this option, or if this option is not available, my provider will offer me referrals to alternate treatment providers within the state of my location.

(2) I understand that I am responsible for the following: logging into the video-conferencing link shared by my provider at the time of scheduled sessions; securing the use of a webcam or smart phone during the session; finding a quiet space that is free from distractions; using an internet connection that is secure rather than public WiFi; providing an alternate phone number in case of technical difficulties; providing the name and contact information for an emergency contact person and the name of the closest emergency room in case of an emergency; and confirming with my insurance company that telepsychology is covered if I choose to submit for reimbursement.

(3) I understand that no party has the right to record telepsychology services without the written consent of other parties.

(4) Receiving telepsychology services may not be appropriate for all clients, such as those with:
- Recent suicide attempt(s), psychiatric hospitalization, or psychotic disorders;
- Moderate to severe major depression or bipolar disorder symptoms;
- Moderate to severe alcohol or drug abuse;
- Moderate to severe eating disorders; and
- Repeated “acute” crises (e.g., occurring at least once a monthly)

(5) Receiving telepsychology services is not appropriate during mental health emergencies or crises.

(6) To receive telepsychology services, a client must be physically located in a state where the provider is authorized to practice telepsychology (https://psypact.site-ym.com/page/psypactmap). Telepsychology services may not be provided in international jurisdictions. Exceptions to this law are possible during times of national crisis and must be officially noted as such.

(7) The laws that protect the confidentiality of my personal information also apply to telepsychology. In addition, I understand that the dissemination of any personally identifiable images or information from telepsychology interactions to other entities shall not occur without my written consent.

(8) I understand that there are risks and consequences from telepsychology, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychologist, that: the transmission of my personal information could be disrupted or distorted by technical failures; the transmission of my personal information could be interrupted by unauthorized persons; and/or the electronic storage of my personal information could be accessed by unauthorized persons. In addition, I understand that telepsychology-based services and care may not be as complete as face-to-face services. I understand that my psychologist may determine that telepsychology is not an appropriate form of service delivery for me and refer me to face-to-face services.

(9) I understand that I may benefit from telepsychology, but that results cannot be guaranteed or assured.

SIGNATURES

I have read and understand the contents of the Informed Consent for Telepsychology document. I have discussed it with my psychologist, and all of my questions have been answered to my satisfaction.

Client Signature _____ Date _____

Printed Name _____