



TELEHEALTH INFORMED CONSENT

Addendum to the Disclosure Information & Therapist-Patient Services Agreement of Emily Fogle, Psy.D.

■ Description of Telehealth Service:

Telehealth treatment will be provided to you using a secure telehealth services site that meets HIPAA and HITECH requirements. Session type, length, fees, cancellation and other policies, and general agreements from my Disclosure Information & Therapist-Patient Services Agreement will remain in place. Please share any concerns you have with me. Clients may access the telepsychology services by using a link that I will provide prior to the appointment.

■ Recommendations:

Participate in sessions in a quiet, confidential space in your own home or office (ensure that others cannot overhear you). Password protect any technology (including using secure wifi) you will use for sessions. Make sure you are logged out at the end of a session. Recording a session in any manner without permission is prohibited.

■ Benefits and Risks of Telehealth Services:

The major benefit of receiving telehealth services is the ability to have uninterrupted mental health care with the same provider when there are difficulties attending therapy in-person for any reason. Common risks involved with telehealth include distractions, technology problems, potential privacy breaches, and a lack of immediate in-person assistance during a crisis. I will help you develop an individualized plan for any risks or difficulties you experience during your telehealth sessions.

If your mental health status changes significantly during this course of teletherapy then I will assess whether or not teletherapy is the most appropriate format for ongoing therapy. In the event that a change is necessary you will be provided with recommendations and referrals to more appropriate therapy services. Additionally, you will be asked to identify a local emergency contact person and nearby emergency services (i.e., emergency room, local crisis line, etc.) in the event of a crisis.

When using telehealth there are always risks of technology difficulties. If you experience service interruptions or failures during a telehealth appointment please do the following: attempt to log in again and re-establish connection; after 3 or more unsuccessful attempts to re-connect or after 3-5 minutes, you or I will contact each other by phone in order to continue the session. Therefore, please keep your phone nearby during your telehealth sessions. If we are unable to re-connect in any manner during your appointment time, I will send you an email following up and providing options for next steps.



■ Consent to Telehealth Services:

Your signature below indicates that you have read this Telehealth Informed Consent, agree to its terms, and consent to receive telehealth services from me, Emily Fogle, Psy.D.

Patient name:

Patient's Signature (if over 18)

Date

Parent/Guardian name:

Parent/Guardian's Signature (if patient is under 18)

Date