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INFORMED CONSENT FOR TELEPSYCHOLOGY

Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

Leslie Kern, Ph.D. is making use of Telepsychology sessions specifically to address needs for service during the Coronavirus pandemic. Please understand that you will be expected to attend in-person sessions once it is safe to do so from a health and safety perspective.

Benefits and Risks of Telepsychology

Telepsychology refers to providing psychology services remotely using telecommunications technologies, such as phone or video conferencing. One of the benefits of telepsychology is that the client and clinician can engage in services without being in the same physical location. Telepsychology requires technical competence on both our parts to be helpful.

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 that I outlined in my Informed Consent still apply in telepsychology. Please let me know if you have any questions about exceptions to confidentiality.

Emergencies and Technology

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in-person meetings. In the event of an emergency, I will call emergency services and disclose your address to the dispatcher, and/or I will reach out to the emergency contact you provide to me on my registration forms. 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 at 614-886-8449. If there is a technological failure and we are unable to resume the connection, we will switch to phone contact.

Fees

Typical session fees, as listed in the general Informed Consent to Treatment document you previously signed, will apply to Telepsychology sessions. If you are using insurance to pay for sessions, claims will be submitted to your insurance company as usual. Every attempt will be made to assure in advance that your insurance company will reimburse for Telepsychology sessions, but in the event that your insurance company subsequently denies the claims, you understand that you will be responsible for the fees yourself.

Records

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

Important requirements

You agree to attend session in a place that is quiet and confidential. If this meeting requires the involvement of more than one person, all people will need to be visible on the computer screen throughout our appointment. Please make sure your internet and computer are set up with a camera and adequate bandwidth.

Informed Consent

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions.

If you are an **Individual Client**:

Client Printer Name: _____

Client Signature: _____ Date: _____

If you are in **Couples Counseling** Have One Person Sign Above and the Other Sign Below:

Client Printed Name: _____

Client Signature: _____ Date: _____

Client Printed Name: _____

Client Signature: _____ Date: _____