

Khristina Williams LMHC, LPC, PLLC
750 Officers Row Vancouver, WA 98661
Youth, Adult, and Family Therapist

INFORMED CONSENT FOR TELEPSYCHOLOGICAL SERVICES

Prior to starting video-conferencing services, we discussed and agreed to the following:

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the other person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the therapist will explain how to use it (Zoom, Doxy.me).
- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session. Please turn off audio or visual notifications. All individuals present for the visit must be within view of the camera so Khristina is aware of who is participating.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must cancel 24 hours prior to our session to avoid being charged the full rate of \$120, which insurance will not reimburse.
- In the event the telehealth session has technical difficulties, the phone number on file will be the back up plan to restart the session or to reschedule it unless otherwise agreed upon.
- In case of crisis, your emergency contact and other safety professional may be notified.
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- As your counselor, I may determine telepsychology is no longer appropriate and that we should resume our sessions in person.

Therapist Name/Signature: _____

Patient Name: _____

Signature of Patient/Patient's Legal Representative: _____

Date: _____