

CLIENT CONSENT TO THE USE OF TELEPSYCHOLOGY

Delivery of psychological services is available through PsychSolutions via landline telephone, cell phone, and video/audio teleconferencing (e.g., Vsee), and in limited circumstances, the use of Internet services via e-mail. Telepsychology is considered to be an innovative treatment, and as such, it is a new and evolving area. The following stipulations must be acknowledged and agreed to prior to any telepsychology services being provided:

1. APPROPRIATE USE OF TELEPSYCHOLOGY

- a. Telepsychology is not appropriate for all problems and the specific process of providing professional services varies across situation, setting, and time, and decisions regarding the appropriate delivery of telepsychology services are made on a case-by-case basis.
- b. Clients must have the necessary knowledge and skills to benefit from telepsychology services.
- c. If it is determined that telepsychology is not appropriate, we will inform the client of appropriate alternatives.

2. LEGAL AND ETHICAL REQUIREMENTS

- a. The client understands that due to the new and evolving nature of telepsychology, there are no recognized standards or guidelines for preparatory training for psychologists who provide services via electronic communication at this time.
- b. The client understands that our clinicians are licensed to provide therapeutic services in Alberta, Canada only.

3. INFORMED CONSENT AND DISCLOSURE

- a. The client understands that although there are some potential benefits to telepsychology, such as increased accessibility and client convenience, there also are inherent risks and limitations to telepsychology. These risks include but are not limited to:



- a. risks to confidentiality of information as it cannot be guaranteed that electronic communication is completely secure, security protocols may fail, or a breach of privacy may occur;
 - b. the internet connection may not always be working correctly and therefore, some disruption to services may occur. This may include a loss of internet connection, delayed lip synching or video, difficulties in auditory/video information transmission, and/or deficiencies or failures of equipment;
 - c. and the same information that a clinician would get if the client and clinician were face-to-face cannot necessarily be obtained during a telepsychology session, and therefore, the clinician may not be able to pick up on some of the nonverbal information they could have if the appt were in a face-to-face setting.
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- b. The client understands that he/she may expect the anticipated benefits from the use of telepsychology but that no results can be guaranteed or assured.
 - c. The client understands that the clinician will be legally required to provide clinical information if we receive a subpoena or that the clinician will be legally required to report any concerns of suspected or potential abuse and neglect of children or any suicidal or homicidal risks.
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- d. Prior to providing services, it is agreed that the client will provide us with alternative means of contact, their current land address from which they will be during their telepsychology session, as well as emergency contacts/numbers within their jurisdiction in the event of emergency. We will also provide the client with alternative means of contacting the clinician when telepsychology services are not available.
 - e. In the event of an emergency, it is understood, that emergency contacts and support, previously agreed to between the clinician and the client will be contacted. By providing telepsychology services, we cannot act in the role of crisis support and this role needs to be fulfilled by a professional(s) within the client's local vicinity. It is therefore imperative that the client identifies what services are available in his/her local area prior to any telepsychology services being provided.
 - f. A back-up plan (e.g., phone number where you can be reached) will also need to be agreed upon in the event of technical problems or the need to restart a session.
 - g. It is agreed that neither the clinician, nor the client, will record any telepsychology sessions without prior written approval from both parties.
 - h. It is understood that it is the client's responsibility for the configuration of his/her electronic equipment used on his/her computer for telepsychology. It is understood that it is the client's responsibility to ensure the proper functioning of all electronic equipment before the session begins.



- i. It is agreed that the client will notify the clinician if there are any other people around during the telepsychology session that may see or overhear our conversation.
- j. It is understood that it is the client's duty to inform the clinician of any other healthcare providers involved in his/her psychological/medical/psychiatric care.
- k. Participating in telepsychology is completely voluntary and the clinician or the client may withdraw from such services at any time if either party does not think the service is meeting their needs. In such a case, either the clinician or the client may suggest an alternative route for communication, or a recommendation may be made for the client to connect with another professional.
- l. It is understood that although the online environment is available 24/7, seven days of week, the clinician will only respond to online correspondence during normal work hours. Although the clinician cannot guarantee a timeframe for responding, he/she will do their best to respond to correspondence within two working days.
- m. The client understands that online correspondence is not intended for crisis support.
- n. The client should confirm with his/her insurance company that the video sessions will be reimbursed; if they are not reimbursed, then the client will be responsible for full payment.

I have read and understood the information provided above regarding telepsychology, have discussed it with my clinician, and all my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telepsychology in my psychological care.

I hereby authorize _____ to use telepsychology in the course of diagnosis and treatment.

Client's Name: _____

Client's Signature: _____

Date: _____

Therapist's Signature: _____

Date: _____

