

Consent for Telepsychology

As the Client participating in psychotherapy through a technology medium (Telepsychology), I understand the following applies to using telepsychology:

1. Telepsychology is the delivery of therapeutic services through technology and includes, but may not be limited to, video/phone transmission (image/voice/text) and email.
2. Telepsychology supports continued therapeutic work while either of us are unavailable for a preferred face-to-face session.
3. Privacy and Confidentiality laws/statutes that protect medical/psychological services and information also pertain to telepsychology.
4. The two HIPAA compliant platforms used by Dr Terletzky are Doxy.me and the SIGNAL app.
5. Risks of telepsychology include, but are not limited to, theft of personal information, breach of confidentiality, and interruption of service. In the event of a technical difficulty, a session may continue using voice communication. However, a video connection is always preferable.
6. While unlikely, and despite best efforts, it is possible for systems to be breached and for privacy and confidentiality to be compromised. If/when Dr. Terletzky becomes aware of such a breach, I understand I will be notified.
7. I understand Dr. Terletzky and I will assess the appropriateness of any continued telepsychology for me from time to time.
8. I agree not to record any portion of our telepsychology sessions without the written consent of Dr. Terletzky.
9. Dr. Terletzky and I will both notify each other of the possibility of a third party hearing/seeing any part of our session prior to the beginning of the session.
10. It is my responsibility to establish and maintain my technology and equipment to participate in the telepsychology process.
11. I will notify Dr. Terletzky in advance if I will be in a different state during our regularly scheduled telepsychology session.
12. This Document does not replace any other signed informed consent forms or intake paperwork.

Printed Name

/

Signature

Date signed