Steven S. Schwartz, Ph.D. & Associates

Julie M. Canfield, Psy.D.
Clinical Psychologist

INFORMED CONSENT FOR TELEMEDICINE SERVICES

Telemedicine refers to the practice of health care delivery, including behavioral health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using telecommunications technologies (e.g., phone or internet). Please read this document carefully.

1. Benefits to telemedicine services include access to care even when not proximal to the therapist's office, convenience, and ensuring continuity of care under various circumstances.
2. Potential risks to telemedicine that differ from in-person sessions may include limits of confidentiality, technology difficulties interrupting the service, and differences in the client-therapist interactions.
3. Confidentiality still applies for telemedicine services. Neither party will record the session without explicit permission from the other party.
4. We agree to use the video-conferencing platform selected for our virtual sessions (doxy.me) and its usage has been explained by Dr. Canfield.
5. You understand that you need to use a webcam, or smartphone camera and microphone during the session.
6. It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
7. It is important to use a secure internet connection vs. public/free Wi-Fi.
8. It is important to be on time. If you need to cancel or change your tele-appointment, you must notify Dr. Canfield 24 hours in advance, by phone or email.
9. Should we experience technical difficulties, I will call your phone so we may continue our session via a phone-only medium.
10. In the event that we encounter a crisis situation, I will need an emergency contact that I may contact on your behalf. You will need to sign a separate authorization stating that I am allowed to contact this person should a crisis or emergency situation arise.
11. If our technological connection is disrupted during an emergency, please call 911 immediately. You may contact me after you have secured emergency services.
12. Typical session fees, as listed in our general Informed Consent form, apply to telemedicine sessions.
13. You will need to confirm with your insurance company that the video sessions will be reimbursed. In the even that your insurance company denies the claims, you will be responsible for payment.
14. If I am out-of-network with your insurance plan, you will be responsible for the fees associated with these sessions, as before.
15. All other elements of the general Informed Consent form still apply, in addition to these specifications for telemedicine sessions, and nothing included herein should be construed as amending any terms of that agreement.

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16. As your psychologist, I may determine that, due to certain circumstances, telemedicine is no longer appropriate or desirable and we will make other arrangements.

Your signature below indicates agreement with the listed terms and conditions relevant to the practice of telemedicine sessions.

Patient Name: _____

Email Address: _____

Phone Number: _____

Patient Signature: _____
or Legal Guardian

Date: _____

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Authorization to contact emergency support person: I agree that Dr. Canfield can contact my emergency contact in the event that she perceives a crisis or emergency situation and deems it necessary to contact my emergency contact.

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Patient Signature: _____

Date: _____

Nearest Local Emergency Services: _____

Location Address for 911 Call: _____

_____