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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.

**Benefits and Risks of Telepsychology:** Telepsychology refers to providing psychology services remotely using telecommunications technologies, such as video conferencing. One of the benefits of telepsychology is the patient and therapist can engage in services without being in the same physical location. Due to licensing restrictions, you will need to be in the State of Ohio at the time of our meeting. Telepsychology also requires technical competence on both our parts to be helpful. Details about how to log in to my HIPAA compliant videoconferencing platform will be through a link that is either texted or emailed to you, whichever of these you prefer.

**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. 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*

614-653-5281. If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

**Fees:** The same fee rates will apply for telepsychology as apply for in-person appointments. However, third-party payers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in telepsychology sessions in order to determine whether these sessions will be covered.

**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. You will arrange for childcare for any children in the home. You will not attend session while driving. 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 is set up with a camera and adequate bandwidth. I must have an accurate email or cell phone number on file for you because this how you will receive a link to our session.

**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.

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Patient's Printed Name

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Signature of Patient or Legal Guardian

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Date