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INFORMED CONSENT FOR TELE-PSYCHOLOGICAL 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 tele-psychology services, and nobody will record the session(s) without the permission of the other person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and I will explain how to use it.
- You will need to use a computer 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.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- If you need to cancel or change your appointment, please notify me at least 24 hours in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or reschedule it in the event of technical problems. Please provide a back-up number
_____.
- Please provide the name and telephone number of a person to contact in case of emergency
_____.
- If you are not an adult, I need the permission of your parent(s) or legal guardian(s) and their contact information in order for you to participate in tele-psychology sessions.
- You should confirm with your insurance company that the video sessions will be reimbursed. If the sessions are not reimbursed, you are responsible for full payment.

- As your psychologist, I may determine that tele-psychology is no longer appropriate nor necessitated by circumstances and we should begin or resume in-person sessions.

Patient/Client

Date

Psychologist

Date