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Informed Consent for Telepsychology Services

As a client receiving telepsychology services, I understand and agree to the following:

Telepsychology is the delivery of psychology services using interactive technologies (audio, video or other electronic communications) between a therapist and a client who are not in the same physical location.

The technologies used in telepsychology video sessions incorporate network and software security protocols to protect the confidentiality of client information transmitted electronically. These protocols include measures to safeguard data and to protect against intentional or unintentional corruption.

These services rely on technology that allows for greater convenience but also carry some risk. Risks in transmitting information over technology include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties.

Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the other person(s).

Any paperwork exchanged while using telehealth will be provided through electronic means or through postal delivery.

We agree to use the video-conferencing platform selected for our virtual sessions, which requires access to a webcam and microphone or smartphone to use for the video session.

It is important to be in a quiet, private space that is free of distractions during the session, and to use a secure internet connection rather than public/free Wi-Fi.

If I need to cancel or change my appointment for my video session, I will notify Dr. Dalton in advance by phone or email.

I may decline any telepsychology sessions at any time without jeopardizing my access to future care, services, and benefits. Dr. Dalton will continue in-person sessions with me once it is deemed medically safe to restart face-to-face meetings. I may still contact Dr. Dalton in emergency situations.

I can confirm with my health insurance company whether video sessions will be reimbursed; if they are not reimbursed, I am aware that I am responsible for full payment.

In the event of video/sound disruption or other technical problems, we may have a phone session as a backup. The best phone number to reach me is: _____

In case of emergency or crisis, my emergency contact is:

Name: _____ Phone Number: _____

The closest hospital ER is: _____

Confirmation of Agreement:

Client printed name

Client Signature and date

Leslie K. Dalton, Ph.D., SEP

Psychologist Signature