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Licensed Clinical Psychologist (AZ Lic # 4363, WA Lic # 2914)

INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

Prior to starting video-conferencing services, I agree 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 telepsychology services, and nobody will record the session without the permission from the other person(s).
- -We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist will explain how to use it.
- -A webcam or smartphone must be used during the session and 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.
- -It is important to be on time. If you need to cancel or change your tele- appointment, you must notify me in advance by phone call/text or email.
- -We have a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems and a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- -You have confirmed or declined to confirm with your insurance company ahead of our first session that the video sessions will be reimbursed; in the event that they are not reimbursed, you are responsible for full payment.
- -As your psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

Signature of client	Date