

Denise L. Newman, Ph.D.
Adult and Child Clinical Psychologist
4616 South Carrollton Avenue
New Orleans, La. 70119

Phone: (504)482-1412

Fax: (504) 482-2615

Web: www.nolapsychologist.com

INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL 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 telepsychology services, and nobody will record the session without the permission from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist will explain how to use it.
- You need to use a webcam 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 open public/free Wi-Fi.
- It is important to be in the waiting cue on time. If you need to cancel or change your tele-appointment, you must notify the psychologist in advance by phone or email according to usual policies. Your doctor will “invite” you into a secure video meeting.
- We need a back-up plan (e.g., cell phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems. Most often interruptions occur due to instability of wifi services.
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.
- You should confirm with your insurance company that the video sessions will be reimbursed; if 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.

Patient/Patient Representative Signature: _____ Date: _____

Patient Name: _____ Patient DOB: _____

Psychologist’s Signature: _____ Date: _____

EHR Entry: ____/____/____ Initials: _____