



SWANSON PSYCHOLOGY, INC.

A Psychological Corporation

16311 Ventura Boulevard, Suite 925, Encino, California 91436

Telephone: 818-971-9446 • www.swansonpsychology.com

INFORMED CONSENT FOR TELEPSYCHOLOGY SERVICES

INTRODUCTION

Telepsychology (also referred to as telehealth or teletherapy) refers to the delivery of psychological services through secure, interactive technology when the psychologist and client are in different physical locations. Telepsychology sessions serve the same clinical purposes as traditional in-office, face-to-face psychotherapy and are conducted with the same professional and ethical standards. However, due to the technological nature of these sessions, some clients may experience them as different from in-person therapy.

The potential advantages of telepsychology include increased accessibility to care and greater convenience. Potential disadvantages include the risk of technical disruptions, limitations in the psychologist's ability to observe non-verbal cues, and the possibility of privacy breaches if proper precautions are not taken by both parties. Both in-person and telepsychology are clinically appropriate modalities; the most suitable format will be determined collaboratively based on your individual needs and circumstances.

Please be aware that clients who are actively at risk of harm to themselves or others are generally not appropriate candidates for telepsychology services. If you are currently at risk, or if you become at risk at any point during the course of your treatment, please notify me immediately so that we can arrange more appropriate services. In the event of a psychiatric emergency during a telepsychology session, please call 911 or go to your nearest emergency room immediately. You may also contact the 988 Suicide and Crisis Lifeline by calling or texting 988.

CALIFORNIA LAW AND JURISDICTION

All laws, rules, regulations, and professional standards that govern the practice of psychology in the State of California apply equally to the provision of telepsychology services. Telepsychology services are only available to clients who are physically located within the State of California at the time of the session, or in another jurisdiction in which I am authorized to practice. If you will be located outside of California during a scheduled session, please notify me in advance so that we can assess whether the session can proceed as planned.

TECHNOLOGY

Telepsychology sessions are conducted using a secure, HIPAA-compliant video conferencing platform. The platform incorporates encryption and other security protocols to protect the privacy and confidentiality of your information. You will be provided with instructions for accessing the platform prior to your first telehealth session.

To participate in telepsychology sessions, you will need access to a reliable internet connection and a device with audio and video capabilities, such as a smartphone, tablet, or computer with a webcam and microphone. You are responsible for ensuring that your device is properly configured and functioning prior to each session. Technical difficulties on your end do not automatically exempt you from the cancellation policy outlined in the Outpatient Services Contract.

Although the technology used is designed to be secure, no electronic system can guarantee absolute privacy. There is always some risk that transmissions could be intercepted by unauthorized parties. If you have concerns about technology security, please discuss them with me before consenting to telepsychology services. Please note that standard email and text messaging are not secure methods of communication and should not be used to discuss clinical or therapeutic matters.

PRIVACY AND CONFIDENTIALITY

The same confidentiality protections and exceptions that apply to in-person psychotherapy sessions apply equally to telepsychology services, as described in the Outpatient Services Contract. All applicable federal and California state privacy laws, including the Health Insurance Portability and Accountability Act (HIPAA), govern the handling of your health information in the context of telepsychology.

You are responsible for ensuring that you are in a private, secure environment during each telepsychology session so that others cannot see or overhear your session. I will do the same on my end. If at any point during a session you become aware that someone can see or hear your side of the transmission, please inform me immediately and we will pause the session until privacy can be reestablished.

CLIENT RIGHTS AND RESPONSIBILITIES

You have the right to withdraw your consent to telepsychology services at any time, without penalty and without affecting your right to continue receiving care through alternative means. If you withdraw consent, I will work with you to transition to in-person services or, if necessary, provide appropriate referrals.

I reserve the right to determine, at any time, that telepsychology is not clinically appropriate for your care. Should I make such a determination, I will discuss my reasoning with you and will either transition to in-person services or assist you in obtaining appropriate referrals.

Neither you nor I may record any telepsychology session, in whole or in part, without the prior written consent of the other party. This applies to audio, video, and any other form of recording.

FEES AND SCHEDULING

The same fee schedule, billing policies, and cancellation policies that apply to in-person sessions, as outlined in the Outpatient Services Contract, apply equally to telepsychology sessions. Please review that document for details. Cancellations must be made at least 24 hours in advance to avoid being charged for the session.

ACKNOWLEDGMENT AND CONSENT

By signing below, I confirm that I have read and understand the information provided in this document regarding telepsychology services, that I have had the opportunity to ask questions and have them answered to my satisfaction, and that I voluntarily consent to the use of telepsychology in my care. I understand that this consent is in addition to, and does not replace, the Outpatient Services Contract I have signed separately.

Client's Printed Name: _____

Client's Signature: _____ Date: _____

If client is a minor, a parent or guardian must also sign:

Parent/Guardian's Printed Name: _____

Parent/Guardian's Signature: _____ Date: _____

Relationship to Patient: _____