

**JENNIFER A. DECHERT, PSY.D COUNSELING & CONSULTING, LLC (NJ#5284 & NY#018990)
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 phones or other devices and other people not authorized to be part of the sessions) during the session. Please dress appropriately, sit up, and treat all sessions as if they were being conducted professionally in the office.
- It is required to notify Dr. Jennifer Dechert of your location at the time of the telehealth appointment.
- If calling from a car, you must provide the make, model, and license plate of vehicle and location where you are. Absolutely no driving during sessions or Dr. Dechert will end the call and you can contact to resume session within the time scheduled when safely parked. Otherwise the session will need to be rescheduled.
- 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 the psychologist in advance by phone or email. If I do not hear from you, I will log off after 20 minutes and you will still be responsible for the full fee for the session as that time is reserved specifically for you.
- We need 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.
- 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. (CONSENT FORM CONTINUED ON NEXT PAGE)

- You should confirm with your insurance company that the telehealth/video sessions will be reimbursed via out of network benefits. 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.

Thank you!

Psychologist Name / Signature:
Licensed Clinical Psychologist NJ#5284 & NY#018990

Patient Name:

Signature of Patient/Patient's Legal Representative:

Date: