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 **INFORMED CONSENT FOR TELEPSYCHOLOGICAL SERVICES**

Prior to starting videoconferencing services, we discussed and agreed to the following:

* There are potential benefits and risks of videoconferencing (e.g., limits to patient confidentiality) that differ from those of in-person sessions.
* Confidentiality still applies for telepsychology services, and nobody will record the session without permission from the other person(s).
* We agree to use the videoconferencing 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 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.
* 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.
* 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 or therapist, I may determine that, due to certain circumstances, telepsychology is not appropriate or helpful, and that we should resume meeting in-person when it is advisable with respect to the current COVID-19 recommendation for social distancing and self-isolation.

Date: Psychologist or Therapist Name / Signature:

Patient Name: Signature of Patient/Patient’s Legal Representative (for youth):