

LODESTONE

CENTER FOR BEHAVIORAL HEALTH
LodeStoneCenter.com

INFORMED CONSENT FOR TELE-PSYCHOLOGICAL SERVICES

Prior to starting video-conferencing services with your provider, please attest to your understanding of the following points:

- 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 called *Zoom Healthcare* for our virtual sessions. When it's time for your session, your provider will send you an email invite to join a meeting/session.
- You need to use a webcam or smartphone during the session. Sessions will be conducted using your device's video and audio. If there are audio problems, you and your provider may opt to connect by phone.
- 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*.
- You are expected to be on time for a phone or video session just like any other appointment. Our courtesy appointment reminders will go out as they always have, via text and or e-mail, according to your settings. If you need to change or cancel your tele-appointment, you must notify your provider by phone or email. A fee of \$50 may apply for cancellations or missed appointments with less than 24-hours notice.
- 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 also 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 may be responsible for full payment.
- If your provider determines that telepsychology is no longer appropriate for your work to be effective, we will discuss a plan to resume sessions in-person.

X _____ Date: _____
Print Name of client & signature if 12 years and older

X _____ Date: _____
Print Name & Signature of parent or legal guardian

LODESTONE

CENTER FOR BEHAVIORAL HEALTH

15 Spinning Wheel Rd, Ste 426
Hinsdale, IL 60521
P. 630.323.3050

1011 Lake St, Ste 421
Oak Park, IL 60301
P. 630.323.3050

3923 Mercy Dr, Ste F
McHenry, IL 60050
P. 815.344.5061

111 Dean St
Woodstock, IL 60098
P. 815.344.5061

645 N Michigan Ave, Ste 1005
Chicago, IL 60611
P. 312.809.7036