

**Telehealth
Informed Consent**

Please read the following information regarding telehealth sessions.

If you have any questions or concerns, please discuss with Dr. Pechenik.

After you have read this form and you understand the information, please sign the last page and return it to Dr. Pechenik via e-mail: Doctorjennifer@att.net

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).

You agree to use the video-conferencing platform selected for our virtual sessions, and Dr. Pechenik 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.

You understand that it is your obligation to notify Dr. Pechenik of any other persons in the location, either on or off camera and who can hear or see the session. You understand that you are responsible to ensure privacy at your location. You will notify Dr. Pechenik at the outset of each session and you are aware that confidential information may be discussed.

You understand that it is your obligation to ensure that any virtual assistant artificial intelligence devices, including but not limited to Alexa or Echo, will be disabled or will not be in the location where information can be heard.

You agree that you will not record either through audio or video any of the session, unless you notify Dr. Pechenik and this is agreed upon.

You understand there are potential risks to using telehealth technology, including but not limited to, interruptions, unauthorized access, and technical difficulties. You understand some of these technological challenges include issues with software, hardware, and internet connection which may result in interruption.

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 Dr. Pechenik 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 emergency room 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.

You understand and agree to the following:

1. I understand that Dr. Pechenik is not responsible for any technological problems of which Dr. Pechenik has no control over. I further understand that Dr. Pechenik does not guarantee that technology will be available or work as expected.
2. I understand that I am responsible for information security on my device, including but not limited to, computer, tablet, or phone, and in my own location.
3. I understand that Dr. Pechenik or I (or, if applicable, my guardian or conservator), can discontinue the telehealth consult/visit if it is determined by either me or Dr. Pechenik that the videoconferencing connections or protections are not adequate for the situation.
4. I have had a conversation with Dr. Pechenik during which time I have had the opportunity to ask questions concerning services via telehealth. My questions have been answered, and the risks, benefits, and any practical alternatives have been discussed with me.
5. Doxy is the technology service we will use to conduct telehealth videoconferencing appointments. Prior to each session, the client will receive an email link to enter the "waiting room" until the session begins. There are no passwords or log in required.

By signing this document, I acknowledge:

1. Telehealth Service is NOT an emergency service. In the event of an emergency, I will use a phone to call 9-1-1 and/or other appropriate emergency contact.
2. I recognize Dr. Pechenik may need to notify emergency personnel in the event she feels there is a safety concern, including but not limited to, a risk to self/others or that immediate medical attention is needed.
3. I understand should medical services be required, I will contact my physician. If emergency services are needed, I understand I should call 9-1-1.
4. The Doxy Telehealth service facilitates videoconferencing and this technology platform is not, itself, a source of healthcare, medical advice, or care.
5. I understand that the same fee rates apply for telehealth as apply for in-person treatment. Some insurers are waiving co-pays during this time. It is my obligation to contact my insurer before engaging in telehealth to determine if there are applicable co-pays or fees which I am responsible for. Insurance or other managed care providers may not cover telehealth sessions. I understand that if my insurance, HMO, third-party payor, or other managed care provider do not cover the telehealth sessions, I will be solely responsible for the entire fee of the session.

During these times of the impact of Coronavirus (Covid-19) Dr. Pechenik may not have access to all of my medical/treatment records.

6. To maintain confidentiality, I will not share my telehealth appointment link or information with anyone not authorized to attend the session.
7. I understand that either I or Dr. Pechenik can discontinue the telehealth services if those services do not appear to benefit me therapeutically or for other reasons which will be explained to me. I understand there may be no other treatment alternative available.

I have read and understand the information provided above regarding telehealth, have discussed it with Dr. Pechenik, and I hereby give informed consent to the use of telehealth.

Signature of patient (or guardian/conservator)

Printed name

Date

Thank you.

Updated: March 2020