**Ray Levy, Ph.D. & Associates**

**Telephone: 972-407-1191 Email: Ray@DrRayLevy.com**

**INFORMED CONSENT FOR TELEPSYCHOLOGICAL AND TELEPHONE CONFERENCE SERVICES**

Prior to starting video-conferencing services or a telephone conference, we discussed and agreed to the following:

* There are potential benefits and risks of telephone sessions or videoconferencing sessions (e.g. limits to patient confidentiality) that differ from in-person sessions.
* Confidentiality still applies for telephone and telepsychology services, and nobody will record the session without the permission from the others person(s).
* We agree to use a telephone conference or 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 phone or other devices) during the session.
* As your therapist I will make effort to ensure that our session is quiet and confidential but please understand that there is a risk of an interruption during our session. i.e. pets or children entering the room.
* 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 telephone conference or 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. By signing this release you give Dr. Levy permission to contact your emergency contact 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 the telephone or telepsychology sessions.
* We are not an in-network provider and you must either prepay your session or have a credit card on file. If you are submitting to your insurance carrier for reimbursement, you should confirm with your insurance company that the telephone conference or video sessions will be reimbursed.
* As your psychologist, I may determine that due to certain circumstances, telephone conference or telepsychology is no longer appropriate and that we should resume our sessions in-person.

Psychologist Name / Signature: Ray Levy, PH.D.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_

Signature of Patient/Patient’s Legal Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If parents are divorced please both sign.