

KRISTINA HOUSER, PH. D.

LICENSED PSYCHOLOGIST

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INFORMED CONSENT FOR TELEHEALTH SERVICES

I/We _____ consent to use audio/video or phone technology in place of in office face to face psychotherapy. I understand that I/we have the right to refuse services at any time; I recognize that continued participation implies voluntary informed consent.

I agree:

- *. there are potential benefits and risks of telephone and video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- *. confidentiality still applies for Telehealth services, and nobody will record the session without permission from the other person or persons.
- *. to use the video conferencing platform selected for our virtual sessions, and the psychologist will explain how to use it.
- *. we each need to use a webcam, smartphone or landline during the session. I understand only audio calls may not be reimbursed by insurance companies.
- *. 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. I understand that if I need to cancel or change my tele appointment, I must notify Dr. Houser by phone or text.
- *. we need a back-up plan (e.g., phone number where I 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 my location, in the event of a crisis situation.

My Emergency contact is: _____
Relationship _____ Contact Information _____

The closest Emergency Room is _____
Located in _____

- *. I should confirm with my insurance company that electronic media sessions will be reimbursed. If they are not reimbursed, I am responsible for full payment unless otherwise agreed upon.
- *. Dr. Houser may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our sessions in-person.

Practitioner's name: Kristina Houser, Ph. D., Ohio Psychologist Lic.#3427

Email address: kristina.houser247@gmail.com

Text number: _____

Client's Name: _____ Date of Birth _____

Client's back up telephone number: _____

Client's Electronic Signature: _____ Date _____

Client Signature: _____ Date _____

Witness Signature: _____ Date _____