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### **INFORMED CONSENT FOR TELEPSYCHOLOGY**

This Informed Consent for Telepsychology contains important information about conducting psychotherapy using the phone or the Internet. Please read this carefully, and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

#### **Benefits and Risks of Telepsychology**

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies such as video conferencing or telephone. The benefits of telepsychology are the convenience, ability to have sessions when the client is unable to meet in person, and to protect others from illness. Potential risks to telepsychology may include (but are not limited to) dropped or poor Internet connections, delays due to connection issues, breach of information, lack of insurance reimbursement, discomfort with virtual treatment, and limited access to immediate resources if risk of self-harm or harm to others becomes apparent. Please enter name and number of your emergency person here\_\_\_\_\_.

#### **Telepsychology Procedures**

Please log in at [www.doxy.me/drpicler](http://www.doxy.me/drpicler) five minutes prior to your scheduled appointment. You will be placed in the “virtual waiting room” after entering your first name and allowing access to your camera and microphone. I will pick up the call at the scheduled appointment time. If there is a connection problem, we may attempt to reboot and/or continue the session by telephone. Please enter the number at which you want to be reached should we have technology difficulties

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#### **Confidentiality**

My video conferencing system meets HIPAA standards of encryption and privacy protection. The nature of technology, however, poses risks that our communications may be compromised, unsecured, or accessed by others. Please take reasonable steps to ensure the security of our communications by using a secure network, updated encryption methods, and firewalls.

You agree to protect the confidentiality of your and/or your minor child’s telepsychology by ensuring that sessions take place in a quiet and private location where others will be unable to observe or listen. In the unlikely case of emergency during telepsychology work, I ask for your consent to identify an emergency contact person who is near your location to assist in addressing the situation.

It is agreed that telepsychology sessions shall not be recorded in any way by any party unless agreed to in writing by mutual consent.

**Informed Consent**

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with the terms and conditions outlined above.

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Client (or legal guardian)

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Date

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Vanessa Pikler, PhD

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Date