Rakefet Benderly, Ph.D.

Clinical Psychologist

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6120 Paseo Del Norte #M-1 Phone: (760) 930-0886

Carlsbad, CA 92011

INFORMED CONSENT FOR TELEPSYCHOLOGICAL SERVICES

Prior to starting video-conferencing services, please read the following information and sign and date if you agree with the guidelines for telepsychology services:

• I will be using a technology platform consistent with HIPAA-compliant practices. There are potential benefits and risks of video-conferencing (e.g., limits to patient confidentiality) that differ from in-person sessions. I will conduct sessions in a private room, but I cannot guarantee that you will not have interruptions at the location where you will be speaking with me.

• Confidentiality still applies for telepsychology services, and nobody can record our session without the permission from the other person(s).

• We agree to use the video-conferencing platform selected for our virtual sessions.

• It is important to be in a quiet, private space that is free of distractions (including cell phones or other devices) during the session.

• It is important to use a secure internet connection rather than public/free Wi-Fi. Also, please turn off all apps and notifications on your computer or smartphone.

• It is important to be on time. If you need to cancel or change your tele-appointment, you must notify me in advance by phone or email.

• We will 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. Please make sure that I have a phone number where I can reach you.

• We will 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. Please provide this information for me to have on file.

• If you are not an adult, I need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.

• As you are aware, my practice is private pay. Therefore, I suggest that if you are submitting statements to your insurance company, you may want to confirm that the video sessions will be reimbursed.

• 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. If the current health situation does not allow for in person sessions, we may need to connect via the telephone.

If you agree to the terms above please sign, date, and return this form to me prior to your first telepsychology session.

Psychologist Name: Rakefet Benderly, Ph.D.

Print Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Patient Signature (or parent/guardian): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone number where I can reach you if we are disconnected:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency contact person and phone number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Closest emergency room to your location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_