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Bethel Olentangy

Psychological Services

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An association of independent practitioners

Informed Consent to *Telepsychology* (i.e., Video-conferencing) Services

1. I understand that I must be a new or established client receiving services at Bethel Olentangy Psychological Services (BOPS) in order to be considered for Telepsychology sessions. BOPS will conduct initial assessments via video-conference only when the psychologist decides that it is appropriate for the patient.
2. I understand that BOPS is making use of Telepsychology sessions to address needs for service, and to protect both patients and staff during possible quarantines and/or safety concerns related to Coronavirus. I understand that face to face sessions will resume on a regular basis once the Coronavirus is resolved. I understand that there are potential benefits and risks of telepsychology and video-conferencing (eg limits to patient confidentiality) that differ from in-person sessions.
3. I understand that, in order to participate in Telepsychology sessions, I will need access to a secure, reliable internet connection on a computer or mobile device in a private setting. I will be responsible for making sure that the camera and microphone on my device are accessible to the doxy.me platform used for Telepsychology sessions. I know that I can request a "set-up" trial with my psychologist to be sure the technology works prior to my scheduled session.
4. I understand that, in order to participate in a Telepsychology session, I must be physically located in the state of Ohio at the time of the session.
5. I understand that it will be my responsibility to assure privacy for myself during the session, and to inform my psychologist of a) my location, b) any other persons in the room with me during a session, and c) a way that I can be reached by my therapist if we lose the internet connection. I understand that my therapist will be conferencing with me from a private room and will maintain my confidentiality.
6. I understand, in the event of technology failure during session, my psychologist and I might have to revert to a telephone session.
7. I understand that my psychologist may choose not to offer Telepsychology sessions with me, or to cease conducting such sessions, if the therapist deems such sessions to be inappropriate for my circumstances for any reason.
8. I understand that typical session fees, as listed in the general BOPS Informed Consent to Treatment document, will apply to Telepsychology sessions. If I am using insurance to pay for sessions, claims will be submitted to my insurance company as usual. Every attempt will be made to assure in advance that my insurance company will reimburse for Telepsychology sessions, but in the event that my insurance company subsequently denies the claims, I understand that I will be responsible for the fees myself. I understand that I must have a credit card on file in advance of a Telepsychology session.
9. I understand that all other elements of the general BOPS Informed Consent to Treatment document still apply, in addition to these specifications for Telepsychology sessions.

Patient Name:

Legal Guardian Name (if applicable) and relationship to Patient:

Patient home address:

Emergency Contact name and phone number:

Nearest Police Department and Emergency Services name, address and phone:

Police:

Emergency Services:

I understand that if I might hurt myself or others, or feel that telepsychology is no longer meeting my needs, I will either discuss this with my psychologist immediately, or I will go to the nearest Emergency Room and/or call the police department to be transported to the Emergency Room.

Client Name printed

Client signature

Date
