

NAME _____ DATE _____

**DEBRA K. SOWALD, PSY.D.
PSYCHOLOGIST
28 E. RAHN RD., SUITE 105
KETTERING, OHIO 45429
(937) 434-6840**

**Individual, Family, & Group Therapy
Imagery & Senoi Dreamwork
EMDR**

Informed Consent for Electronic Communications and Telepsychology Treatment Sessions

What is telepsychology?

Telepsychology is a way to visit with healthcare providers, in this case, Dr. Sowald, through the use of an electronic device such as a computer, smartphone, tablet, iPad, or Chromebook.

Are there potential disadvantages or risks of telepsychology for me?

- You and Dr. Sowald won't be in the same room, so it may feel different from an office visit.
- Dr. Sowald may not be able to attend to all of the cues, especially nonverbal ones, as in person, and so may be less accurate in reading emotional cues.
- In rare cases, it is possible Dr. Sowald may decide you still need an office visit.
- Technical problems may interfere on occasion with the start of your session, or during the course of the session itself. **If this should occur, please have your telephone available and waiting, and Dr. Sowald will call you.** Together, the two of you can decide whether to re-attempt using the virtual program or simply continue the session telephonically.
- Because communication is occurring over an electronic medium, it is not possible for us to guarantee that a third party cannot somehow cut into the signal and follow along with the call. However, there are things that you can do, and that we will do, to try to minimize those risks: We agree to:
 - 1) Contact you from a secure internet connection, not public Wi-Fi.

- 2) Only contact you from a private space, where no other people can hear.
- 3) Whenever possible, use encrypted software for video calls so that the calls cannot be hacked into.

We suggest that you also protect yourself by using a secure internet connection and locating yourself in a space where you can have privacy from interruption and from being overheard by others.

- In the event of a mental health or other emergency, since you will not be in the therapist's office, there will need to be a contingency for providing emergency care. For this reason, each time there is a telepsychology session, it is the client's duty to provide the therapist with:
 - 1) A telephone number where you, the client, can be immediately reached,
 - 2) The physical location where you are located during the session (in case we need to contact police, fire, or EMT services), and
 - 3) The name and telephone number of a person who can reach you quickly should an emergency occur.

What other things do you want me to know?

- 1) We agree that we will not record your sessions electronically, and will only record information from your sessions in your file. You retain full rights to confidentiality of the information you share during telepsychology sessions. We also ask you to agree never to record our sessions.
- 2) Dr. Sowald has selected the electronic platform used for video sessions and will teach you how to use it for your sessions. You will need to use either a smartphone or a device with a webcam for these sessions.
- 3) In the event that you cannot be at a session, it is essential that you let Dr. Sowald know, well in advance, that you will not be in attendance.
- 4) If you are a minor, your parents must also consent to your use of telepsychology sessions.
- 5) It is assumed that where telepsychology services are in use, the therapist and client also are likely to be in communication by other electronic methods as well, including telephone, text, and/or email. By agreeing to telepsychology services, you are also agreeing to be contacted on occasion by these other means as well.
- 6) Your non-simultaneous contacts, such as emails and text messages, will be answered when Dr. Sowald is available to answer them, which may be very late at night, or into the next morning. All written telepsychology communications are stored in your treatment file.

If you sign this document, you agree that:

- We talked about the information in this document.
- Your questions have been answered.
- You want a telepsychology visit.

Your name (please print) (or your guardian, if required) Date

Your signature (or your guardian, if required) Date

A telephone number where you can be immediately reached: _____

The physical location where you are located during the session (in case we need to contact police, fire, or EMT services):

The name and telephone number of a person who can reach you quickly, should an emergency occur:

Phone numbers for the Emergency resources in your geographical area:
