



# Dr. Sharlene Bird

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## **INFORMED CONSENT FOR TELE-PSYCHOLOGY SERVICES**

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I understand that telemedicine is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when they are located at a different site than the provider. I hereby consent to Dr. Sharlene Bird providing health care services to me via telemedicine.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine. Nonetheless, I understand there are risks associated with the use of telemedicine services that include but are not limited to breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. In the event of disruption of service, it may be necessary to communicate by other means i.e. telephone.

I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting Dr. Sharlene Bird at: 112 West 56<sup>th</sup> Street, Suite 15-S, Room-C, New York, NY 10019. As long as this consent is in force (has not been revoked) Dr. Sharlene Bird may provide health care services to me via telemedicine without the need for me to sign another consent form.

*Prior to starting video-conferencing services, we discussed and agreed to the following:*

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).

- We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist will explain how to use it.
- You need to use a webcam or smartphone during the session.
- 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. If you need to cancel or change your tele-appointment, you must notify the psychologist/social worker/mental health professional in advance by phone or email.
- We 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.
- We 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.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- 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.

Psychologist/Signature: \_\_\_\_\_

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

Signature of Patient: \_\_\_\_\_

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

I have been offered a copy of this consent form \_\_\_\_\_ (Patient's initials)