Nichols Counseling

3619 Broadway suite 8

San Antonio, Texas 78209

210-857-4508

Informed Consent Checklist for

Tele-Psychological Services

Prior to starting video-conferring 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 other person(s).

- We agree to use the video-conferencing platform selected for our virtual sessions, selected for our virtual sessions and Rachel Nichols, L.P.C. 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 tel-appointment, you must notify Rachel Nichols, L.P.C. 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.

    Initials:_____

- 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 reimburse, you are responsible for full payment.

- As your therapist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

_____   ____/____/_____

Rachel A. Nichols, LPC   Date

Patient Name: _____

_____   ____/____/_____

Signature of Patient/patient's legal representative   Date