

INFORMED CONSENT

I, _____, understand that I will be engaging in telepsychology. Telepsychology is a form of psychological service provided via internet technology, which can include consultation, evaluation, transfer of medical/psychological data, emails, telephone conversations and/or education using interactive audio, video, or data communications. I also understand that telepsychology involves the communication of my medical/mental health information, both orally and/or visually. Telepsychology has the same purpose or intention as psychological services that are conducted in person. However, due to the nature of the technology used, I understand that telepsychology may be experienced differently than face-to-face services.

I understand that I must be in Maryland or in a state where my provider is authorized to provide telepsychology services in order to engage in telepsychology. I further understand that I have the right to withdraw from telepsychology services at any time. I understand there are risks of participating in telepsychology despite the best efforts on the part of the psychologist to ensure high encryption and secure technology. These risks include, but are not limited to, the possibility that the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. At present and in the foreseeable future, however, Frederick Psychology Center does not store information electronically or record either the audio or visuals portions of teletherapy sessions. I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in telepsychology. I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my appointment, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my appointment.

My signature below indicates that I understand and consent to all the conditions listed above.

Signature: _____ Date _____