

**INSIGHT PSYCHOLOGICAL SERVICES LLC**  
**9151 Estate Thomas, Suite 204**  
**Foothills Professional Building**  
**St. Thomas, VI 00802**

**INFORMED CONSENT FOR TELEPSYCHOLOGY**

This Informed Consent for Telepsychology contains important information focusing on doing psychotherapy using the phone or the Internet. Please read this carefully, and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

**Benefits and Risks of Telepsychology**

Telepsychology refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that the client and clinician can engage in services without being in the same physical location. In order to protect our clients and staff we are following CDC recommendations on social distancing to minimize the risks associated with the COVID-19 pandemic and are implementing telepsychology services effective immediately.

Telepsychology requires technical competence on both our parts to be helpful. Although there are benefits of telepsychology, there are some differences between in-person psychotherapy and telepsychology, as well as some risks. For example:

- Risks to confidentiality. Because telepsychology sessions take place outside of the therapist's private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.
- Issues related to technology. There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.

**Confidentiality**

Insight has a legal and ethical responsibility to make our best efforts to protect all communications that are a part of our telepsychology. However, the nature of electronic communications technologies is such that Insight cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. Insight will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of

our communications (for example, only using secure networks for telepsychology sessions and having passwords to protect the device you use for telepsychology).

The extent of confidentiality and the exceptions to confidentiality that are outlined in Insight's Informed Consent still apply in telepsychology. Please let our office know if you have any questions about exceptions to confidentiality.

**Fees**

The same fee rates will apply for telepsychology as apply for in-person psychotherapy. Because of the loosening of Federal guidelines regarding telehealth services, we have been informed that most insurance companies will be covering telepsychological services for a period of time. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payor, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session.

**Records**

The telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. Insight will maintain a record of our session in the same way Insight maintains records of in-person sessions in accordance with our policies.

**Informed Consent**

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Therapist

\_\_\_\_\_  
Date