

CLINICAL NEUROPSYCHOLOGY ASSOCIATES

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INFORMED CONSENT FOR TELEPSYCHOLOGICAL SERVICES (Neuropsychological Evaluation Services Only)

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

- There are potential benefits and risks of video-conferencing or telephone sessions (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 telephone or video-conferencing platform selected for our virtual appointments, and the provider will explain how to use it.
- You need to use a webcam or smartphone during the appointment, if possible.
- It is important to be in a quiet, private space that is free of distractions during the appointment.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- 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.

Psychologist/Provider Name: _____

Psychologist/Provider Signature: _____

Patient Name: _____

Signature of Patient/Patient's Legal Representative: _____

If read to patient and patient gave verbal consent, psychologist/provider should sign here:

Date: ____ / ____ / ____