**Steven Korner, Ph.D.**

**Licensed Psychologist #1584**

**135 County Road**

**Cresskill, New Jersey 07626**

**(201) 894-8881**

**INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES**

As we begin video-conferencing services, I have been notified and agree to the following:

* 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 secure video-conferencing platform selected for our virtual sessions, and I 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 me 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.
* 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 Name / Signature:

Patient Name:

Signature of Patient/Patient’s Legal Representative:

Date: