



# Northeast Psychological Associates

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## Informed Consent for Telehealth Psychological Services

Prior to starting video-conferencing telehealth psychological services (hereafter "telehealth"), we discussed and agreed to the following:

- There are potential benefits and risks of telehealth that differ from in-person psychotherapy sessions. Possible risks include but are not limited to technical difficulties, confidentiality and online security risks, and miscommunication/misunderstanding due to nature of technology.
- Confidentiality still applies for telehealth, and nobody will record the session without the written permission from the other person(s).
- We agree to use a secure, HIPPA compliant video-conferencing platform for our telehealth sessions. Northeast Psychological Associates, PLLC will specify the platform and explain how to use it.
- You, the patient, must be physically located in New York State to participate in telehealth sessions.
- You need to use a personal webcam or smartphone for the telehealth sessions. Do not use equipment that belongs to your employer.
- It is important to be in a quiet, private space that is free of distractions (including TV, cell phone or other devices) during the telehealth 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 telehealth appointment, you must notify your provider as soon as possible. Call (518) 456-2060.
- To prepare for possible technical problems, we need a back-up plan to restart the session or to reschedule it (e.g., phone number where you can be reached). Your provider will call you at this number if we get disconnected:

o Callback number: \_\_\_\_\_

- We need a safety plan that includes at least one emergency contact and the closest Emergency Department to your location, in the event of a crisis situation.

o Emergency Contact name and phone number: \_\_\_\_\_

o Name of your local hospital Emergency Dept: \_\_\_\_\_

- You should confirm with your insurance company before the first session that telehealth sessions will be reimbursed; if they are not reimbursed, you may be responsible for the full payment.

- NPA, PLLC may determine at any time that telehealth is no longer appropriate for your care and that we should resume your sessions in-person.
- As a patient, you may decline telehealth at any time without jeopardizing access to future care, services, or benefits.
- You have a right to ask any questions you have about your care or telehealth at any time during the course of your treatment. Please bring up any questions or concerns so we can discuss and address them.
- Your signature below indicates that you understand the potential risks and benefits of telehealth and give voluntary informed consent to participate in this treatment.

Patient Name: \_\_\_\_\_

Signature of Patient or  
Legal Representative: \_\_\_\_\_ Date: \_\_\_\_\_

For Northeast Psychological  
Associates, PLLC: \_\_\_\_\_ Date: \_\_\_\_\_