

INFORMED CONSENT FOR TELEPSYCHOLOGY

As my practice is now completely telehealth, I have taken steps to create a safe system we can use for “virtual visits”. While this allows us to have psychotherapy sessions, telehealth requires some technical competence on both our parts, and not being in the same room has some inherent limitations and benefits.

Some practical issues:

- **Confidentiality.** On my end I have taken steps to ensure your privacy (I selected Doxy HIPAA-compliant encrypted video software, I am using a secure UBMD computer, I maintain up-to-date antivirus software, I am using an office with physical privacy). But it is important for you to (1) find a private place for our session where you can minimize interruptions, and (2) protect the privacy of our session on your device. While I have taken these steps, I cannot guarantee that our internet communication is secure and private. That is, there may be security and privacy risks associated with any Internet-based communications. All confidentiality protections granted by various state and federal laws also apply to my care during this appointment.
- **Reliability.** Technology may stop working during a session. If that happens, please disconnect from the session, close your browser, and try clicking the link again. Moving closer to your router or switching devices may help in certain circumstances. I may also be restarting the software, so it may be a moment before the “waiting room” is available again.
- **Emergency situations.** In an emergency, please call 911, or the local 24-Hour Crisis Hotline (Erie County: 716.834.3131; Niagara County: 716.285.3515; U.S. Suicide Prevention Lifeline: 800.273.8255) or go to your nearest emergency room.
- **Urgent situations.** If an urgent issue arises, you should feel free to attempt to reach me by phone at my office number (716.688.9641). I will return your call ASAP. If I am not available, the provider on call for my office may return your call.
- **Administrative communication between sessions.** You can call our office (716.688.9641) for most administrative issues such scheduling/rescheduling/cancelling appointments, changes in insurance, changes in contact info. If you choose to email or text me, be aware that such communication is not secure, and I cannot guarantee the confidentiality of such communication. If you choose to use such communication anyway, I recommend that it be limited to administrative matters (i.e. rescheduling appointments). Also, I do not continuously monitor my email or texts, nor can I always respond immediately, so these methods should not be used for emergent or urgent matters.
- **No Recording of Sessions.** Our communication is privileged and confidential, and we will not record the audio or video without first explicitly seeking the permission of the other. I will create a written progress note summary of the Tele-health appointment in the electronic health record.

Electronic Communications. Your communication device (computer, tablet, smartphone) will need to meet some basic requirements (i.e. compatible hardware and software, webcam, and microphone) to use telehealth services. You will need a good data connection to run the video effectively. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telehealth, and for your data costs, if applicable.

Fees. For most insurances, the same fee rates, copays, and deductibles will apply for telehealth psychotherapy as apply for in-person psychotherapy. As usual, you will be responsible for any portion not covered by your insurance. Please contact your insurance company prior to our engaging in telehealth sessions in order to determine their coverage for these sessions. Do not hesitate to contact me if you have questions about this.

**THEREFORE, BY CONSENTING TO TELEHEALTH APPOINTMENTS WITH
DR. KOENIGSBERG:**

1. I desire to engage in remote audio-visual communication with my Healthcare Provider.
2. I understand the risks and benefits of using Internet-based communications and that no results can be guaranteed.
3. I acknowledge that if the Healthcare Provider believes that remote communication is insufficient for treatment, consultation, or evaluation, then I will be referred to alternate services or options.
4. I understand that I may be responsible for co-payments, deductibles, or other charges from my Healthcare Provider for services related to this appointment.
5. I have the ability to ask direct questions to my Healthcare Provider about this appointment, including details about the Healthcare Provider's privacy policy. If my questions are not answered to my satisfaction, I have the right to terminate the appointment.
6. I am at least 18 years of age.

Signature

Date