

## **Carol R. Hirshfield, Ph.D.**

*Clinical Psychologist*

**CA License: PSY 16827**

**WA License: PY 60909142**

drcarol@drcarolhirshfield.com | [www.drcarolhirshfield.com](http://www.drcarolhirshfield.com)

Phone: 310-560-7978 or 310-473-3200

### *Seattle Address*

1307 North 45<sup>th</sup> Street, Suite 200  
Seattle, WA 98103

### *Los Angeles Address*

10801 National Blvd., Suite 221  
Los Angeles, CA 90064

## **Informed consent for Video-conferencing (Telehealth services)**

There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions. Confidentiality still applies for telepsychology services, and it is agreed that nobody will record the session without the permission from the others person(s).

We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist 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 and to remain in the session with the video and sound on. If you need to cancel or change your tele-appointment, you must notify the psychologist 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.

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

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.

Please note that I am not a provider on any insurance pane. I ask you to 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.

I Agree to the above terms.

Your name printed:

\_\_\_\_\_ Date \_\_\_\_\_

Signature:

\_\_\_\_\_

Emergency contact name and phone contact no.:

\_\_\_\_\_