



Informed Consent for Telepsychology (i.e., Video-conferencing) Services at Lewis and Evans, LLC dba Reflections Health and Wellness

1. I understand that I must be an established client receiving services at Lewis and Evans, LLC in order to be considered for Telepsychology sessions. L&E does not conduct initial assessments via video-conference unless it is an emergency and requested by the client and their primary care physician.
2. I understand that L&E is making use of Telepsychology sessions specifically to address needs for service during possible quarantines related to COVID-19. L&E is not generally offering Telepsychology sessions at this time. I understand that I will be expected to attend in-person sessions, except when I or my clinician at L&E cannot attend an in-person session due to quarantine.
3. I understand that, in order to participate in Telepsychology sessions, I will need access to a reliable internet connection on a computer or mobile device in a private setting. I will be responsible for making sure that the camera and microphone on my device are accessible to the Zoom or doxy.me platform used for Telepsychology sessions. I know that I can request a “set-up” trial with my therapist to be sure the technology works prior to my scheduled session.
4. I understand that, in order to participate in a Telepsychology session, I must be physically located in the state of Ohio at the time of the session.
5. I understand that it will be my responsibility to assure privacy for myself during the session, and to inform my therapist of a) my location, b) any other persons in the room with me during a session, and c) a way that I can be reached by my therapist if we lose the internet connection. I understand that my therapist will be conferencing with me from a private room and will maintain my confidentiality.
6. I understand that, in the event of technology failure during a session, my therapist and I might have to revert to a telephone session.
7. I understand that my therapist may choose not to offer Telepsychology sessions with me, or to cease conducting such sessions, if the therapist deems such sessions to be inappropriate for my circumstances for any reason.
8. I understand that typical session fees, as listed in the general L&E Informed Consent to Treatment document, will apply to Telepsychology sessions. If I am using insurance to pay for sessions, claims will be submitted to my insurance company as usual. Every attempt will be made to assure in advance that my insurance company will reimburse for Telepsychology sessions, but in the event that my insurance company subsequently denies the claims, I understand that I may be responsible for the fees myself.
9. I understand that all other elements of the general L&E Informed Consent to Treatment document still apply, in addition to these specifications for Telepsychology sessions.
10. I understand that I will need to identify an emergency contact person in case an urgent physical or mental health situation occurs while I am in-session with my therapist, and that it is permissible for my therapist to contact this person in case of emergency.

Client printed name

Client signature

Date

(Mark here if verbal permission given _____)