

Sylvie Abramson, LCSW, DCSW
300 South Pine Island Rd., Suite 219, Plantation FL 33324

INFORMED CONSENT CHECKLIST FOR TELEPSYCH SERVICES

We discussed and agreed to the following:

- There are potential benefits and risks of videoconferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the other person(s).
- We agree to use the 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.
- Please be in a quiet, private space that is free of distractions.
- Use a secure internet connection.
- Please be on time. If you need to cancel or change your tele-appointment, you must notify me in advance by phone. The office cancellation policy will apply.
- We need a back-up plan in the event of technical problems.
- In the event of a crisis situation you agree to seek out emergency care or call 911.
- If you are not an adult, I need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsych 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 therapist, I may determine that due to certain circumstances, telepsych is no longer appropriate and that we should resume our sessions in-person.

Sylvie Abramson, LCSW

Patient Name, signature and date: