**INFORMED CONSENT FOR TELEHEALTH Written: March 16, 2020**

Due to COVID-19, OMHSAS has worked quickly to issue new guidelines on the coverage of telehealth services over the next 90 days to include traditional telehealth as well as telephonic contact when video is inaccessible.

Prior to starting either traditional telehealth (involving video-conferencing) or telephonic contact the individual must provide verbal informed consent to the following. Please read each point and ask if the individual understands or has questions.

* Traditional telehealth involves two way video-conferencing. This will take place using a secure video platform provided by Interact however you will need a smart phone or web cam in order to participate as well as a secure internet connection rather than public/free Wi-Fi. If you don’t have either we will move forward with telephone contact without the use of video.
* Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
* It is important to be in a quiet, private space that is free of distractions and other people (including cell phone or other devices) during the session.
* It is important to be on time. If you need to cancel or change your tele-appointment, it is expected you will abide by our already agreed upon attendance policy. Cancellations can be made by calling 215-487-1330 and leaving a message.
* If using video-conferencing 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.

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* We need a safety plan that includes at least one emergency contact in the event of a crisis situation.

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone number: \_\_\_\_\_\_\_\_\_\_

Therapist Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Reviewed: \_\_\_\_\_\_\_\_\_\_\_\_

Therapist Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_