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LICENSED CLINICAL PSYCHOLOGIST

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INFORMED CONSENT FOR TELEPSYCHOLOGY

This Informed Consent for Telepsychology contains important information for psychotherapy using the phone or the internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

BENEFITS AND RISKS OF TELEPSYCHOLOGY

Telepsychology refers to providing psychological services remotely using telecommunications technologies such as video conferencing or telephone. One of the benefits of telepsychology is that we can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if one of us moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It may also be more convenient and take less time. Telepsychology, however, requires technical competence on both of our parts to be helpful. Although there are benefits of telepsychology, there are some differences between in-person psychotherapy and telepsychology, as well as some risks. For example:

Risks to confidentiality. Because telepsychology sessions take place outside of my private office, there is potential for other people to overhear if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation. Some people prefer to meet from the privacy of their car. When this is the case, please note that I will only conduct therapy while you are parked, and not while you are driving. It is also important for you to protect the privacy of our session on your cell phone or other device.

Issues related to technology. There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.

Crisis management and intervention. I will usually not engage in telepsychology with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in telepsychology, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our telepsychology work.

Efficacy. Most research shows that telepsychology is about as effective as in-person psychotherapy. However, some believe that something is lost by not being in the same room. For example, there is debate about the ability to fully understand non-verbal information when working remotely.

ELECTRONIC COMMUNICATIONS

You may have to access certain computer or cell phone systems to use telepsychology services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telepsychology.

For communication with me between sessions, you may call, email, or send me a secure message.

Please note that I only use email communication with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges should be limited to administrative matters. This includes things like setting and changing appointments, billing matters, and other related issues. You should be aware that I cannot guarantee the confidentiality of any information communicated by email. Therefore, I will not discuss any clinical information by email and prefer that you do not either. Also, I do not regularly check my email, nor do I respond immediately, so email **should not** be used if there is an emergency.

If a more urgent issue arises, you should feel free to attempt to reach me by phone (510) 595-4609 or via secure messaging in my client portal (<https://robertperl.clientsecure.me/>). I will try to return your call or message within 24 hours except on weekends and holidays. If you are unable to reach me and feel that you cannot wait for me to return your call or message, contact your physician or the nearest emergency room and ask for the psychologist or psychiatrist on call. If I will be unavailable for an extended time, I will provide you with the name of a colleague to contact in my absence if necessary.

CONFIDENTIALITY

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our telepsychology. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for telepsychology sessions and having passwords to protect the device you use for telepsychology.)

The extent of confidentiality and the exceptions to confidentiality that I outlined in my Psychological Services Contract and Informed Consent still apply in telepsychology. Please let me know if you have any questions about exceptions to confidentiality.

APPROPRIATENESS OF TELEPSYCHOLOGY

From time to time, we may schedule in-person sessions to “check-in” with one another. I will let you know if I decide that telepsychology is no longer the most appropriate form of

treatment for you. We will discuss options of engaging in in-person therapy or referrals to another professional in your location who can provide appropriate services.

EMERGENCIES AND TECHNOLOGY

Assessing and evaluating threats and other emergencies can be more difficult when conducting telepsychology than in traditional in-person therapy. To address some of these difficulties, we will create an emergency plan before engaging in telepsychology services. I will ask you to identify an emergency contact person who is near your location and who I will contact in the event of a crisis or emergency to assist in addressing the situation. I will ask that you sign a separate authorization form allowing me to contact your emergency contact person as needed during such a crisis or emergency.

If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back. Instead, call 911, the National Suicide Prevention Lifeline at (800) 273-TALK, or go to your nearest emergency room. Call me after you have called or obtained emergency services.

If the session is interrupted and you are not having an emergency, disconnect from the session and I will attempt to re-contact you via the telepsychology platform on which we agreed to conduct therapy. If we cannot reconnect within two (2) minutes, we may speak by phone. You may message me directly via the secure client portal.

If there is a technological failure and we are unable to resume connection, you will only be charged the prorated amount of actual session time.

FEES

The same fee rates will apply for telepsychology as apply for in-person psychotherapy. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in telepsychology sessions in order to determine whether these sessions will be covered.

RECORDS

The telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

INFORMED CONSENT

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions.