

# Insight Psychological Services, PLLC

5212 E. 69<sup>th</sup> Place Tulsa, OK 74136

## Telehealth Informed Consent

This form provides consent to engage in telehealth with Dr. Brusich either as the main mode of treatment or as a supplementary form of treatment. I understand that telehealth includes the practice of health care delivery, including mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications. I understand the following information:

- There are potential benefits and risks of telehealth (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.
- We agree to use the telehealth platform selected for our virtual sessions, and the psychologist will explain how to use it. It is important to use a secure internet connection rather than public/free Wi-Fi. It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the provider in advance by phone or email.
- You need to use a webcam or smartphone during the session, and it is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session. We will discuss 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.
- 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.
- It has been confirmed that SoonerCare will cover telehealth services in the same manner as in-person therapy sessions. Many other private insurance providers have also decided to cover telehealth services in a similar manner during the coronavirus crisis. **However, you should confirm with your insurance provider that your specific insurance plan includes telehealth benefits. If these services are not covered, you are responsible for full payment.**

\_\_\_\_\_  
Client (or Guardian) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date