



ALISON C. SMITH, PH.D.  
LICENSED CLINICAL PSYCHOLOGIST

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**INFORMED CONSENT CHECKLIST FOR TELEMEDICINE/TELE THERAPY SERVICES**

Prior to starting telemedicine/teletherapy (i.e., video-conferencing services), we have discussed and agreed to the following:

- There are potential benefits and risks of teletherapy (e.g., limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telemedicine/telepsychology services and nobody will record the session without the permission from the others person(s).
- We agree to use the telemedicine/teletherapy platform selected for our virtual sessions (VSee), and the psychologist will explain how to use it.
- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- 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, please notify me in advance by phone or email.
- 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 a technical problem. Please provide the best number at which I can contact you should such a problem arise \_\_\_\_\_.
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- ***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 (note: most insurance companies have agreed to cover teletherapy sessions during the current coronavirus pandemic but each company may differ).***
- As your psychologist, I may determine that due to certain circumstances, telemedicine/telepsychology is no longer appropriate and we will resume our sessions in-person as soon as circumstances allow.

Alison C. Smith, Ph.D.  
Licensed Clinical Psychologist  
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Date: 03/15/20

\_\_\_\_\_  
Client Signature\*

Date: \_\_\_\_\_

\*By typing your name in the "Client Signature" space, you agree to the terms of this contract.