

Informed Consent for Telebehavioral Health

1. I understand that I/my child must be an established client receiving services from Dr. Malkin in order to be considered for telepsychology. No initial appointments are conducted via telepsychology.
2. I understand that Dr. Malkin is using telepsychology sessions specifically to address needs during possible quarantines related to COVID-19. Dr. Malkin is not generally offering telepsychology sessions at this time. I understand that I/my child will be expected to attend in-person sessions, unless Dr. Malkin or I/my child cannot attend an in-person session due to the pandemic.
3. I understand I/my child will need access to a reliable internet connection on a computer or mobile device in a private setting in order to participate in telepsychology sessions. I will be responsible for making sure that the camera and microphone on my device are accessible to the doxy.me platform used for telepsychology sessions. I know that I can request a "set-up" technology trial. I understand that Dr. Malkin will not record telepsychology sessions and I/my child agree to not record sessions.
4. I understand that I/my child must be physically located in the state of Ohio at the time of the session to participate in a telepsychology session.
5. I understand that it is my responsibility to assure privacy for myself/my child during the session, and to inform Dr. Malkin of a) my/my child's location, b) any other persons in the room with me/my child during a session, and c) a way that I/my child can be reached by Dr. Malkin if we lose the internet connection. I understand that Dr. Malkin will be talking with me from a private room and will maintain my confidentiality.
6. I understand that Dr. Malkin and I/my child might have to revert to a telephone session in the event a technology failure disrupts or precludes a videosession.
7. I understand that Dr. Malkin may choose not to offer telepsychology sessions with me/my child, or may cease conducting such sessions, if she deems such sessions to be inappropriate for my/my child's circumstances for any reason.
8. I understand that the session fees listed in Dr. Malkin's Informed Consent for Participation in Treatment form apply to telepsychology sessions. If I am using insurance to pay for sessions, claims will be submitted to my insurance company as usual. If my insurance company subsequently denies the claims, I understand that I will be responsible for the fees.
9. I understand that all other elements of Dr. Malkin's Informed Consent for Participation in Treatment form still apply, in addition to these specifications for telepsychology sessions.

Client Printed Name

Client Signature

Date

Parent or Guardian Signature if Client is younger than 18: _____

Parent or Guardian Name: _____ Relationship to Client: _____