

**The University of Alabama Psychology Clinic  
INFORMED CONSENT FOR TELEPSYCHOLOGY SERVICES**

This acknowledgement of *Informed Consent for Telepsychology Services* contains important information regarding services delivered through interactive video-conferencing (i.e., virtual “face-to-face” sessions) or by telephone. These services are referred to as **telepsychology services**. Please review the following carefully:

After intake and the establishment of a therapeutic relationship, it may be possible for treatment delivery to occur via interactive video-conferencing (VC) in special circumstances. VC is a real-time interactive audio and visual technology that enables our clinicians to provide mental health services remotely. This can be helpful in ensuring continuity of care when the client and clinician are unable to meet in person. The VC system used by our clinicians ([www.zoom.us](http://www.zoom.us)) meets HIPAA standards of encryption and privacy protection but we cannot guarantee privacy.

**Confidentiality:** The *Informed Consent for Telepsychology Services* is a supplement to the primary UA Psychology Clinic *Informed Consent Statement*. All clients are informed of and acknowledge confidentiality and its limitations at the outset of clinical services, and the terms of the *Informed Consent Statement* also apply to telepsychology services, such as:

**CONFIDENTIALITY.** All information about a client is kept confidential among the Psychology Clinic’s professional staff in accordance with legal and professional ethical requirements. If you are transferred to another therapist, the new therapist and supervisor will have access to all records. No information can be released to any outside person or agency without signed permission by the client or client’s guardian. In case of an agency contracted service, the agency is considered the client. However, there are exceptions to a client’s privilege to confidentiality that are required by law: (1) when a client threatens, or is at risk of, significant harm to themselves (e.g., suicidal), (2) when a client’s statements or actions threaten to harm others, (3) when there is reasonable suspicion of child abuse or neglect, (4) when there is reasonable suspicion of abuse or neglect of a dependent adult, (5) when records are court ordered by a judge compelling disclosure, (6) in the event of a third party, such as an agency, school, or insurance company, being responsible for the payment of the bill, the third party often reserves the right to review the services received and receive information such as diagnosis, treatment plan, effectiveness of services, etc., and (7) in the event of an unpaid bill, the bill will be turned over to the University Accounting Office for collection. This Clinical Program is accredited by the American Psychological Association (APA), and on rare occasions one of the accreditation visitors will ask to see client records to determine compliance with clinical care standards. The site accreditation visitors are obligated to maintain client confidentiality.

**MAINTAINING QUALITY SERVICES.** Generally, services at the Psychology Clinic are provided by graduate student trainees who are under the supervision of licensed psychologists. Clinical supervision and consultation with other staff or psychologists is used to assure the best quality services possible. For supervision and consultation purposes, sessions typically are electronically recorded or observed in real-time and discussed with a clinical supervisor. Information shared with supervisors and consultants is treated confidentially. All recordings of sessions will be erased within three months of the session, unless written consent is given by the client to keep the recordings for a longer period of time. If you would like to know when, or if, a session is being observed, please discuss this with your clinician. These recordings are not part of the Clinic’s record for the client.

**Telepsychology Special Circumstances:** Service delivery via telepsychology is limited to special circumstances when clients and clinicians are unable to be in the same physical location. These may include instances of extended physical incapacitation, serious illness, travel restrictions, or extended transportation difficulties. *This includes the current worldwide outbreak of COVID-19, which has led to significant state-wide and nation-wide travel restrictions that are designed to limit in-person contact.* The UA Psychology Clinic reserves the right to deny telepsychology services or discontinue them based on clinical and professional judgment regarding the risks and benefits of each client’s case. Also, while VC services are recommended over other technologies, accommodations can be made to allow for telephone sessions for those clients whose accessibility to other technologies is limited.

Also, although VC may be used when the clinician and client are in different locations, licensure regulations differ by state and may only allow a session to be conducted in the state of Alabama, where our clinicians' supervisors hold licenses as psychologists. An occasional exception can be made if temporary permission is available from another state, and will be reviewed on a case-by-case basis before approving a client for telepsychology services.

**Safeguards for Privacy:** As a client receiving telepsychology services, it is important that you take steps to enhance privacy and reduce risk. We cannot guarantee confidentiality in sessions that occur outside our office, as we do not have control over your environment. Clients should ensure there is no one else present during telepsychology sessions unless indicated by your clinician. If the client is a minor, it is the legal guardian's responsibility to ensure that the child or teen client is in a private space with no one else in the room. A headset is recommended for all clients to reduce the likelihood that session content can be overheard by others. Clients should also arrange a time and place to participate in their sessions that minimizes the possibility of distraction or interruption by others.

Clients are not permitted to record or store information from telepsychology sessions to personal phones, computers, or other devices. Clients are encouraged to check their browser history to remove information they wish to keep private, such as contact with the Clinic. Use only a trusted, password-protected device and a private, secure internet connection if available. As with all information transmitted across the internet, there may be unknown security risks.

**Risks:** Risks of VC in general include (but are not limited to) failure of technology; disconnection or delays in communication due to internet connections or technology; or a breach of information that is beyond our control. Clinical risks can be discussed in more detail with your clinician, but may include distraction or frustration from technological difficulties; discomfort with virtual face-to-face versus in-person services; difficulties interpreting nonverbal communication; and importantly, limited access to immediate resources if risk of self-harm or harm to others becomes apparent. Your clinician, their supervisor, and/or the Clinic Director will weigh the advantages of telepsychology services with any potential risks prior to proceeding with those services. Your clinician will also discuss with you the specifics of how to participate in telepsychology sessions before using the technology.

Also, while telepsychology services are most often provided by your clinician while located at the UA Psychology Clinic (200 Hackberry Lane), your clinician may be required to provide services from another private location should the Psychology Clinic experience extended closure due to special circumstances (e.g., illness or disease outbreak, disaster, changes to UA operations), *including the current COVID-19 outbreak*. Efforts are made to keep your information safe, secure, and private during delivery of telepsychology services, and to conduct sessions from locations that minimize the chances of your information being seen or overheard by others.

**Safety:** All clients will be required to provide details of their physical location at the beginning of all telepsychology sessions in order to proceed. All clients will also be required to provide a back-up method of contact (i.e., phone number) where they can be reached should technical difficulties occur during telepsychology sessions. Your clinician can help you trouble-shoot if there is an interruption in service because of technology or internet connection. *Should this occur, please wait for your clinician to try to reconnect or call you by phone. Do not attempt to call the clinician; rather, leave your phone line open.* At times, sessions may have to be rescheduled if technological difficulties interfere significantly.

As always, if you are in a severe crisis – including risk of harming yourself or someone else – you should call 911 or go to your local emergency department. We also ask that you identify an emergency contact person and sign your authorization allowing us to contact this individual as needed during any crisis where we cannot reach you and feel safety is of concern. If necessary, your clinician or their supervisor will contact emergency responders in your location to ensure safety.

**Cancellations & Fees:** All existing Clinic policies and procedures regarding session cancellations, missed sessions, fees, etc. that apply to in-person services will also apply to telepsychology sessions. The same fees will apply for telepsychology as apply for in-person sessions. The client is responsible for any cost of data charges, internet service, equipment or

software they obtain to engage in telepsychology services. Telepsychology services will only be provided during the normal operating hours of the Clinic. The Clinic and its clinicians will maintain records of telepsychology sessions in the same way in-person session records are maintained, in accordance with Clinic policies and procedures.

Your clinician will let the client know if factors change such that telepsychology is no longer the most appropriate form of treatment. At such time, there will be discussion of options for using in-person services or referral to an appropriate professional in your location.

By signing the document below, you are stating that you are aware that your clinician may contact the necessary authorities in case of an emergency. You are also acknowledging that if you believe there is imminent harm to yourself or another person, you will seek care immediately through your own local health care provider, at the nearest hospital emergency department, or by calling 911. Below, please include the names and telephone numbers of your local emergency contacts (including local physician; crisis hotline; and trusted family, friend, or other individual):

\_\_\_\_\_  
Physician or Psychiatrist Name & Relationship Telephone Number(s)

\_\_\_\_\_  
Crisis Hotline or Local Crisis Center Names\* Telephone Number(s)  
\*Clinicians can assist clients in determining this information

\_\_\_\_\_  
Emergency Contact & Relationship Telephone Number(s)

\_\_\_\_\_  
Emergency Contact & Relationship Telephone Number(s)

By signing this document you are declaring your agreement with the following statement: **I have read this document and have had the opportunity to ask questions. I have discussed this with my clinician and understand the benefits and risks/limitations of telepsychology services. I understand that it will not be the same as a direct client-to-clinician visit because I will not be in the same room as my clinician. I also understand that I can decline telepsychology services at any time without affecting my right to future care or treatment. I may be referred to an outside provider if the UA Psychology Clinic cannot provide services. I also acknowledge that the UA Psychology Clinic is a teaching clinic and services are provided by clinical psychology graduate students with licensed clinical psychologists as supervisors. I agree to the terms and conditions indicated above.**

\_\_\_\_\_  
Signature of Client - OR - Parent/Guardian (if under age 19) Date Signature of child/adolescent client (required for ages 14-18)

- (If completing electronic version of this document, please check here if the *client is between the ages of 14-18* and agrees to participate in telepsychology services; primary consent is signed by the parent/legal guardian). **I am a client between the ages of 14-18. I have had the opportunity to review this form, along with my parent/guardian, and agree to the terms and conditions above.**

\_\_\_\_\_  
Print Client Name Print Guardian Name (if client is below the age of 19)

(\_\_\_\_\_) \_\_\_\_\_  
Client Cell Phone Number Client Home/Other phone number

\_\_\_\_\_  
Witness Signature Date Name of Assigned Student-Clinician