

Informed Consent for Telepsychology Sessions

This consent form does not replace the primary Informed Consent that must be signed to initiate services with Dr. Mattox. This consent form provides information about policies and procedures as they relate specifically to sessions conducted remotely.

1. Telepsychology sessions will follow the same procedure as when sessions are held in person at the office, with sessions beginning at the scheduled time and lasting 53-55 minutes (unless otherwise discussed).
2. The laws that protect privacy and the confidentiality of personal health information also apply to telepsychology sessions, with the only exception being that Dr. Mattox cannot ensure confidentiality on the patient's side of the remote session (see #3).
3. I agree that I am responsible for selecting my own location during the session, and it is up to me to ensure my privacy in that location. Dr. Mattox will not conduct a session if I am in a public location. I will choose an area that is quiet and free from distractions including cell phones. Primarily, Dr. Mattox will conduct telepsychology sessions from her office. If another location becomes necessary, Dr. Mattox will ensure patient privacy on her end of the remote session. I agree to use a private connection, NOT public wi-fi.
4. I agree not to record (audio and/or video) any portion of any telepsychology session; Dr. Mattox will not record any portion of any session.
5. If Dr. Mattox is billing sessions to my insurance, it is my responsibility to contact my insurance and find out whether telepsychology sessions are covered under my policy.
6. I have the right to withhold or withdraw my consent to telepsychology sessions at any time, without affecting my right to future care or in-person treatment.
7. If I am unable to attend sessions in person, I understand the alternatives to telepsychology include phone calls (not typically covered by any insurance) or temporary suspension of sessions.
8. Telepsychology sessions will involve electronic communication of my personal health information. A secure, encrypted server will be used as the forum on which to conduct these sessions.
9. If the session is unexpectedly terminated, Dr. Mattox will attempt to start the session again; if that does not work, she will call me to complete the session via telephone.
10. If I have any potential ethical concerns I will address them as soon as possible with Dr. Mattox.

To join the session, go to doxy.me/laramattox where you will wait until Dr. Mattox adds you to the session.

It is very important that you have read (or had read to you) and reviewed this form carefully to understand all of the office procedures and policies regarding Dr. Mattox's treatment. **Your signature below indicates that:**

- a. **You have had sufficient opportunity to read and understand this document.**
- b. **You have asked Dr. Mattox to clarify anything that you did not understand.**
- c. **You understand that this form applies only to the policies and procedures for *telepsychology treatment* with Dr. Mattox. (A separate consent is needed for testing/evaluation.)**
- d. **You give Dr. Mattox your consent to provide treatment to you and/or your child via telepsychology sessions through a secure, encrypted server.**

Patient Name: _____

Date of Birth: _____

Signature of Patient/Parent/Guardian

Printed Name

Date

Office Use Only

My signature below indicates that I have answered any questions raised by the patient/parent/guardian. I believe that this person understands all of the issues discussed in this form, and I find no reason to believe that this person is not fully competent to give informed consent to treatment.

Lara Mattox, Ph.D., Clinical Psychologist, OK License #1022

Date of Review