



Telepsychology Informed Consent

As the Client participating in psychological services through technology, I understand the following:

Telepsychology is the delivery of therapeutic services through technology and includes, but may not be limited to, video, phone (call or txt), and e-mail.

Telepsychology supports continued therapeutic work while I am away from Upland, California or otherwise unable to physically attend face-to-face therapy sessions.

Privacy and confidentiality laws that protect medical/psychological information also pertain to telepsychology.

I can decline to engage in telepsychology and resume/seek face-to-face psychological services without jeopardizing future services or benefits at any time.

Doxy.me, an encrypted and HIPAA compliant platform, will be used in order to increase privacy of confidential information shared during telepsychological sessions.

The risks of telepsychology include, but are not limited to, theft of personal information, breach of confidentiality, and interruption of service. In the event of technical difficulty (e.g. loss of power shutting down internet), sessions may continue via telephone or rescheduled depending on the circumstances and nature of the session.

Despite safety measures, it is possible, though unlikely, for systems to be breached and for the privacy and confidentiality to be compromised. If/when Dr. Vinall is aware of such a breach, I understand I will be notified.

I understand Dr. Vinall and I will work together to reassess the appropriateness of continued telepsychology as needed.

I agree not to record any portion of telepsychological sessions without the written consent of Dr. Vinall.

Dr. Vinall and I will both notify each other of the possibility of a third party hearing/seeing any part of the session prior to the beginning of the session.

It is my responsibility to establish and maintain the technology and equipment necessary to participate in telepsychology on my end.



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I will notify Dr. Vinall in advance if I will be in a different state during our regularly scheduled telepsychology session.

It is my responsibility to log into the virtual waiting room prior to the start of the previously schedule teletherapy session: <https://doxy.me/DVinall>

This document does not replace other signed informed consent forms or intake paperwork.

I have read, I have had my questions answered, I understand, and I agree to the terms outlined above regarding telepsychology. I am agreeing to engage in telepsychology with Dr. Vinall by signing this informed consent document.

_____ Date: _____

Client Signature (or person authorized to sign for Client)

Client Print Name

_____ Date: _____
Deborah Vinall, LMFT, PsyD