

### Consent to Telepsychology

As the Patient participating in psychotherapy through technology, my signature below indicates that I understand the following conditions and I agree to engage with Dr. Swan through telepsychology.

1. Telepsychology is the delivery of therapeutic services through electronic technology and it may include use of video/phone transmission, texting, email and possibly other modalities.
2. Telepsychology supports continued therapeutic work while either of us are unavailable for the preferred in-office sessions.
3. Privacy and Confidentiality laws/statutes that protect medical/psychological information also pertain to telepsychology.
4. As the Patient I can decline to engage in telepsychology without jeopardizing access to future face-to-face services or benefits with Dr. Swan.
5. Risks with telepsychology include theft of personal information, breach of confidentiality, and interruption of service (and possibly more unknowns). In the event of technical difficulty a session may continue by using the telephone (while keeping or dropping the video).
6. Despite best efforts, it is possible for electronic technology to be breached and confidentiality to be compromised. If Dr. Swan becomes aware of such a breach, I will be notified.
7. Both Dr. Swan and I will notify each other, at the beginning of the session, if we have reason to believe a third party might hear/see any part of the session.
8. The HIPAA compliant platform used by Dr. Swan is [doxy.me/swanpsychological](https://doxy.me/swanpsychological).
9. From time to time we will assess if the continued use of telepsychology is meeting my needs.
10. Neither of us will record any portion of our sessions without the written consent of the other.
11. I will acquire and maintain the technology I need in order to participate in telepsychology.
12. I will notify Dr. Swan in advance if I will be in a different state during a telepsychology session.
13. This document does not replace other signed informed consent forms or intake paperwork.

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
Date