

Royle Counseling, 12401 South 450 East, STE B2
Draper Utah, 84020
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801-979-0544

Informed Consent for Telehealth Services:

-Prior to starting video-conferencing services, we discussed and agreed to the following:

*There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.

*Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person (s).

*We agree the use the video-conference platform selected for our virtual sessions, and the therapist will explain how to use it.

*You need to use a webcam or smartphone during session.

*It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.

*It is important to use a secure internet connection rather than public/free Wi-Fi.

*It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the therapist in advance by phone or email.

*We need a back-up plan (e.g., phone number where you can be reached) to restart the session or reschedule it, in the event of technical problems.

*We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.

*If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.

*As your therapist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

Lana Royle/ Signature: _____
Patient Name: _____
Signature of Patient/Patient's Legal Representative: _____
Date: _____

Royle Counseling-part 2; Consent for telehealth services

Safety Plan for Telehealth Services:

*In the event of an emergency situation/crisis, the following person/s, will be notified as emergency contacts provided by client.

Emergency contact:_____ Phone Number:_____

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Closest Emergency Room to client's residence location:_____

Address and phone number:_____

Client/Guardian signature:_____ Date:_____

Therapist signature:_____ Date:_____