

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:\_\_\_\_\_