

Clinical Psychotherapy & Consultation, LLC.

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TELEPSYCHOLOGY INFORMED CONSENT

**Access into the telepsychology session is via www.doxy.me/DRBLOODGOOD.
Prompts and directions are easily available on the site.
If questions arise please know you can reach Dr. Bloodgood at 908-328-9389.**

As a client receiving behavioral health services through telepsychology methods, I understand:

1. This service is provided by technology (including but not limited to video, phone, text, and email) and may not involve direct face- to-face communication. There are benefits and limitations to this service. I will need access to, and familiarity with, the appropriate technology to participate in the service provided. Exchange of information will not be direct and any paperwork exchanged will likely be exchanged through electronic means or through postal delivery.
2. If a need for direct face-to-face services arise, it is my responsibility to contact this office for a face-to-face appointment. I understand that an opening may not be immediately available. If I am in a mental health crisis, I understand it is in my best interest to go to the emergency room.
3. I may decline any telepsychology services at any time without jeopardizing my access to future care, services, and benefits.
4. These services rely on technology, which allow for greater convenience in service delivery. There are risks in transmitting information over the internet that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. My mental health therapist and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of technology. The platform used for telepsychology is Doxy.me, a HIPPA compliant site.
5. My mental health therapist may utilize alternative means of communication in the following circumstances:
In emergencies, in the event of disruption of service, or for routine or administrative reasons.
7. My psychologist will respond to communications and routine messages within 48 hours.
8. It is my responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.
9. I will take the following precautions to ensure that my communications are directed only to my mental health therapist or other individuals: My communications exchanged with my mental health provider will occur in a private location where confidentiality of the communication exchange is of utmost importance. I will disclose to my mental health provider my location.
11. The laws and professional standards that apply to in-person behavioral health services also apply to telepsychology services. This document does not replace other agreements, contracts, or documentation of informed consent.
12. Insurance coverage for a telepsychology service is not guaranteed. Some insurance companies approve this method on a case by case basis. It is the responsibility of the client/guardian to confirm coverage and be financially responsible for all costs involved with the service.

Client Printed Name

Signature of Client or Legal Guardian
Date _____

Printed Name of Mental Health Provider

Signature of Mental Health Provider
Date _____



Enhance your life through effective therapies.