

**INFORMED CONSENT ADDENDUM
TELEHEALTH SERVICES**

I, _____, parent/caregiver of _____
Parent Name Child Name
agree to telehealth services at Child Neuropsychology PC. I understand:

_____ I will be given a link to the HIPAA compliant video-conferencing platform used by Child Neuropsychology PC. I agree to sign in to the virtual waiting room at my designated appointment time.

_____ Video-conferencing requires the use of a webcam and microphone, with the possible backup of a smartphone or landline phone if internet connection is faulty.

_____ I agree to use a secure internet connection rather than public/free Wi Fi for telehealth appointments.

_____ Confidentiality applies to telepsychology services. THERE WILL BE NO VIDEO OR AUDIO RECORDING by myself or by staff at Child Neuropsychology PC.

_____ Test and therapeutic materials are copyrighted and CONFIDENTIALITY OF MATERIALS is extremely important. I agree not to copy, record, reproduce, publish or digitally save any material used during my appointments.

_____ I agree to conduct my appointment in a quiet, private space that is free of distractions. I agree to discontinue use of other devices during sessions (e.g., cell phone, tablet, iPad, computer, etc.).

_____ I understand that verification of my identity, location, and alternative contact information (e.g. phone number, email address) will be secured at the start of each appointment. In the event of technical problems, alternate contact information may be used to restart a session, or to reschedule if needed.

_____ Some insurance carriers may not reimburse for telehealth appointments. I understand that I remain responsible for full payment of face-to-face and/or telehealth services rendered by psychologists at Child Neuropsychology PC. Credit card payments can be made through the telehealth platform for an additional processing fee of 2.9% per transaction.

_____ Video-conferencing differs from in-person experiences. There are potential benefits and risks of video-conferencing, such as issues around confidentiality. I understand that telepsychology is not appropriate in all circumstances and that my psychologist may recommend in-person services as an alternative to teleconferencing.

I have had a chance to discuss my questions or concerns about telehealth and agree to proceed with a telehealth appointment at Child Neuropsychology PC.

Signature Parent/Legal Guardian

Signature Parent/Legal Guardian

Date

Witness

Date