



## TelePsychology Information and Consent to Services

### Services

Please refer to the practice Client Information and Consent to Services for a description of psychological services offered. At this time TelePsychology services are limited to situations where being present for an appointment is not possible due to emergency circumstances (e.g. health issues, extreme weather conditions, etc). In order to receive TelePsychology services you must be physically present in Nova Scotia at the time of service delivery (exceptions can be made to those residing in other Maritime provinces (PEI/NB/NL), however, your treatment provider must be informed of this with a minimum of two weeks advance notice prior to your session).

TelePsychology services provided are phone and/or video conferencing and do not include text messages or other forms of interaction. All sessions are scheduled in a consistent manner with in-person sessions using our online booking system and any video/phone calls received during non-appointment times will not be answered or returned. Emergency psychological services are not provided and should be addressed by your local emergency department or by calling police/ambulance/emergency services (e.g., 9-1-1).

### Fees

Session fees are typically collected in-person using a variety of payment methods. As off-site services eliminate this possibility, billing for TelePsychology sessions will be completed online using our practice management payment software (Jane.App/payments). Please note that you will be asked to provide your credit card information **prior to your session or at the time of booking** to ensure this information is available for billing at session completion. Failure to provide this information may result in your session being delayed or cancelled. Fees for TelePsychology services are consistent with in-person fees - \$300 for Initial Appointments; \$200 for Recurring Appointments – and can be paid online using **VISA or MasterCard**. Upon payment you will receive an electronic receipt (PDF) that may be submitted for insurance purposes.

### Consent

As provider and client are not in the same physical location, Consent to Services will be obtained through verbal means. This means you are providing consent to services by participating in the TelePsychology meeting and may be asked to “verbally consent to services” in lieu of physically signing a document in person. You may be asked to sign a document if future (face-to-face) meetings occur following your Initial Appointment. Our practice “Client Information and Consent to Services Form” can always be found in full at [chorneyandassociates.com](http://chorneyandassociates.com) (under the “Your Care” tab/page).

## Confidentiality

With any transmission of data over the internet, a risk of possible access by third parties exists. Potential threats to the security and transmission of client/patient data and information include (but are not limited to): computer viruses, hackers, theft of technology devices, damage to hard drives or portable drives, failure of security systems, flawed software, ease of accessibility to unsecured electronic files, or outdated technology. Other threats may include policies and practices of technology companies and vendors (Guidelines for the Practice of Telepsychology, APA 2013).

## Security

In accordance with Model Standards for Telepsychology Service Delivery (ACPRO June 2011), clients may be asked to provide some form of verifiable identification to minimize the possibility of impersonating a client and gaining access to confidential health information. Sessions will **not** be recorded by your treatment provider and you are asked to refrain from taping, recording, or sharing/streaming sessions without first obtaining clear consent from your treatment provider.

## Technology

Please ensure you and your treatment provider have discussed what will happen in the event of a technological failure or disruption in service. Options include: a) calling our office at (902) 444-1160 and leaving a voicemail at the extension of your provider or b) emailing your provider to discuss options (all email addresses can be found on our website Contacts page – [chorneyandassociates.com](http://chorneyandassociates.com)). Please note that session fees will apply in full if service interruption is due to technology failures or other issues encountered outside our office (e.g., poor internet connection, computer failure due to low battery, etc).

By signing below, I agree that I have read (or had read to me) and agree to all items with this TelePsychology Consent Form **and** the Client Information & Consent form. I have discussed and asked questions about any portion of the form I find unclear or unacceptable, and have had my questions, if any, answered. I agree to act in accordance with the points and information listed above, and by signing I consent to taking part in both assessment and treatment with the provider named below.

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(Client Signature)

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(Client Printed Name)

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(Clinician Signature)

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(Clinician Printed Name)

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(Date)