

Teresa B. Olson, PsyD

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Clinical Psychologist
Certified Hypnotherapist

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TELEPSYCHOLOGY INFORMED CONSENT

Definition of Telepsychology: The practice of psychology (as defined in divisions (B) of section 4732.01 of the Ohio Revised Code) by distance communication technology such as but not necessarily limited to telephone, email, internet-based communications and videoconferencing.

1. I understand that Teresa B. Olson, PsyD, a licensed psychologist in the state of Ohio, wishes me to engage in telepsychology consultation. She has been educating herself on the effectiveness of telepsychology since 2012. A secured HIPAA compliant platform will be utilized for videoconferencing sessions. Once a session is scheduled, I will be provided with instructions on how to engage in video- or audio- conferencing sessions.
2. I understand that telepsychology is an innovative and relatively new technology and there is no guarantee of its effectiveness. I understand there are risks and consequences from using telepsychology services and that despite reasonable efforts on the part of Teresa B. Olson, PsyD, the transmitted information may be exposed or accessed by unauthorized persons. I ensure that I am using my own equipment and it is my responsibility to maintain privacy on my end of the telepsychology communication.
3. I understand that by using telepsychology services (and the technologies that it relies upon) that there may be a sudden and unexpected disruption of services. If for any reason a session is interrupted (e.g. due to technical difficulties), Teresa B. Olson, PsyD will make reasonable attempts to contact me through the other given means of contact. For example, if a videoconferencing session is interrupted (and cannot be restored), Teresa B. Olson, PsyD may attempt to call me. I understand that I may call (513.860.3156) or email (drtess@teresaolson.com) her.
4. I understand that Teresa B. Olson, PsyD or I can discontinue the telepsychology consult if technology is not adequate or telepsychology is not an appropriate means of communication at that time.
5. I understand that I have the right to withdraw my consent to the use of telepsychology services at any time without affecting my right to future care or treatment.
6. I understand that potential benefits of telepsychology include easier access to care and the convenience of meeting from a location of my choosing. I also understand there may be potential risks of miscommunication as I am not in the same room as Teresa B. Olson, PsyD.

7. I understand if I am experiencing severe uncontrollable psychosis, am acutely suicidal (with an immediate plan), am homicidal (with an immediate plan), or are experiencing mental health difficulties rendering me unable to care for my basic needs Teresa B. Olson, PsyD will call 911 and/or my established emergency contact and will direct them to my current location. I also understand that Teresa B. Olson, PsyD may refer me to face-to-face emergency services in my geographical area.
8. I understand that face-to-face treatment is still an option and that telepsychology does not necessarily eliminate the need for this type of treatment. If I reside in the same geographical area as Teresa B. Olson, PsyD, I may engage in face-to-face treatment with her. If I am not in her geographical area, it is my responsibility to contact a practitioner in my area.
9. I understand the laws and professional standards that apply to face-to-face psychological services also apply to telepsychology services. This document does not replace other agreements, contracts, or documentation of informed consent. I have signed and have access to and/or have been given the Psychotherapist-Client Services Agreement and HIPAA Notification for Teresa B. Olson, PsyD's practice.
10. I understand my records will be kept by Teresa B. Olson, PsyD and will not be accessible to any person without my written authorization. If there is a breach of privacy or security, Teresa B. Olson, PsyD, will contact me.
11. I understand that Teresa B. Olson, PsyD will not be engaging with me via text messaging or social media.
12. I understand that email communication with Teresa B. Olson, PsyD is not confidential or secure. Email may be used for scheduling appointments, sending educational information, or other relevant documents. If I engage in email communication with Teresa B. Olson, PsyD I will sign the separate E-Mail Consent form.

Payment for Telepsychology Services:

1. Fee for Services. Fees are \$150 for an initial assessment (45 min.), \$160 for individual therapy (60 min.), \$120 for individual therapy (45 min.), and \$80 for individual therapy (30 min.). I understand that I am fully responsible for complete payment of services. Teresa B. Olson, PsyD is considered an out of network insurance provider and will offer a superbill for clients to submit to their insurance company if they choose to use this benefit. The client must contact their insurance company or their provider to inquire about out of network reimbursement for telepsychology services.
2. Cancellation Policy. Appointment cancellation is needed at least 24 hours in advance in order to avoid being charged half of the full fee for your scheduled session.

By signing this form, I certify:

- that I consent to telepsychology services with Teresa B. Olson, PsyD.
- that I am an Ohio resident of at least 18 year of age.
- that I have read or had this form read and/or had this form explained to me.
- that I fully understand its contents including the risks and benefits of telepsychology.
- that I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Client Signature: _____

Printed Client Name: _____

Date: _____