



■ Viveka Ramel, PhD ■ Clinical Psychologist PSY22417 ■ www.sevitar.com ■

INFORMED CONSENT FOR TELEPSYCHOLOGY SERVICES

When engaging in video-conferencing services, you agree to the following:

- A telepsychology service is typically provided via phone or video-conferencing software transmitted over the internet.
- The same confidentiality protections, limits to confidentiality, and rules around records apply to a telepsychology session as they would to an in-person session. However, there are potential benefits and risks of phone- or video-conferencing that differ from in-person sessions. For instance, internet communication software carries potential risks to confidentiality, including interruptions, unauthorized access, server access, and technical difficulties.
- Nobody will record a telepsychology session without the permission from the other person(s).
- You agree to use the video-conferencing platform selected for our virtual sessions. Dr. Ramel most frequently uses a licensed version of Zoom. At the time of your session, you log in to Dr. Ramel / Sevitar's Zoom waiting room at <https://zoom.us/my/sevitar.zoom> (password will be provided in a separate email).
- You need to use a webcam, a built-in or attached camera in your computer, tablet, or phone device, during the session.
- It is important to be in a quiet, private space that is free of distractions during the session. Please keep cell phone or other devices out of sight and in silent mode.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems. Dr. Ramel's phone number is 415-279-2519 and her email is viveka@sevitar.com. It is possible that a telepsychology session will be discontinued if the videoconferencing connections are not adequate for the session.



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- 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. Dr. Ramel can be reached via the means listed above. You agree that Dr. Ramel may release your necessary clinical and personal to the emergency contact listed below.

Your phone #: _____ You email: _____

Address at which you will be attending most telepsychology sessions:

Your DOB: _____

Name of emergency contact: _____

Phone #: _____ Relationship: _____

Location of nearest Emergency Room: _____

- You should confirm with your insurance company that the telepsychology sessions will be reimbursed; whether or not they are reimbursed, you are responsible for full payment.
- 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 psychologist, Dr. Ramel may determine that telepsychology is not appropriate and may refer you to obtain in-person or other services.
- You understand that this telepsychology consent will last for the duration of the relationship with Dr. Ramel. You can withdraw your consent for a video therapy session at any time, and Dr. Ramel will work with you to find a suitable alternative.

Signature of Client/Client's Legal Representative:

Sign and write your name

Date