

**Amanda Norris, Ph.D.**  
*Clinical Psychologist*

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1560 West Bay Area Boulevard, Suite 170, Friendswood, Texas 77546 Phone: 281-480-0200 Fax: 281-480-0202

**INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES**

Prior to starting video-conferencing services, we discussed and agreed to the following:

- 1) There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- 2) Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the other person(s).
- 3) We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist will explain how to use it.
- 4) You need to use a webcam or smartphone during the session.
- 5) It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- 6) It is important to use a secure internet connection rather than public/free Wi-Fi.
- 7) It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the psychologist in advance by phone or email.
- 8) 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. **Phone #:** \_\_\_\_\_
- 9) 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. **Emergency contact/#:** \_\_\_\_\_
- 10) 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.
- 11) You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- 12) As your psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.

Psychologist Name / Signature:

Patient Name:

Signature of Patient/Patient's Legal Representative:

Date:

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