

Informed Consent for Telepsychology

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Telepsychology is a treatment alternative to in-person sessions. During this time of COVID-19, I am not offering in-person treatment. Research is showing telepsychology to be as effective as in-person therapy in most circumstances. If you are willing to accept this option, continue to read and sign to endorse your consent. When you sign this document, it will represent an agreement between us. Upon receiving it, I will sign and date it. You may revoke your consent for future telepsychology contacts at any time by notifying me.

For telepsychology, I use doxy.me, a HIPAA compliant platform, from my home (phone 317-253-1006). You will access it by entering <https://doxy.me/drblfineberg> into your browser through Google Chrome, Safari, or Firefox a few minutes before our scheduled appointment. Neither you nor I will record the session.

To use telepsychology, you need to have the equipment for video conferencing through a secure internet connection, rather than through public/free Wi-Fi. You will need a quiet, private space where there are no distractions and no one can overhear. Although I use a HIPAA compliant platform, the use of the internet offers potential limits to confidentiality because there are no perfect protections from internet hackers. In addition, please be aware that the internet may present technical issues or may falter due to high usage. If it does falter, it will usually resume quickly, or you may need to sign out and then sign back in. If it does fail, I'll telephone you within a few minutes. We can try again, but we may have to arrange an alternate time, or we might just use the phone.

If you are using insurance, please check with your insurance company about its policy for telepsychology coverage. During the state health emergency, most policies cover it, but when the Indiana governor discontinues emergency measures, your plan may withdraw its coverage. The withdrawal could impact your treatment with me. However, your plan may include telepsychology under any circumstances. Again, please check.

It is important that you be available at our appointment time. If you need to cancel, please call my office at 317-872-4158 ext. 0 with at least 24 hours notice, or a missed appointment will be charged. You can pay all balances due by mail on our agreed to payment schedule to the above address.

This agreement is intended as a supplement to the general informed consent that we agree to at the outset of our clinical work together and does not amend any of the terms of that agreement. Your signature below indicates agreement with this consent for the use of telepsychology.

Patient signature: _____

Psychologist signature _____

Date _____