**Tele-Psychology Informed Consent**

**Authorization for Remote Services**

**Dr. Kirby K. Reutter**

*DBTC, LMHC, CADAC, MAC, etc.*

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Licensed Psychologist: Ohio # 7158

Licensed Psychologist: Texas #37448

Licensed Mental Health Counselor: Indiana # 39002367A

A. The following contract applies to the following psychological interventions:

* Psychological services for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Client/s)
* Ongoing electronic and/or in-person consultation both during and following these services

B. Both Dr. Kirby Reutter (Licensed Psychologist) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Client/s), hereby acknowledge the following conditions and caveats pertaining to the practice of tele-psychology within the State of Ohio:

* Psychologists recognize that tele-psychology is not appropriate for all psychological problems / clients
* Psychologists make decisions regarding the appropriateness of tele-psychology on a case-by-case basis
* Psychologists utilize secure communications whenever feasible, and document consent for non-secure communications
* Psychologists are aware of additional risks of tele-psychology
* Psychologists document the following information:

* Are client’s presenting problem / condition appropriate for tele-psychology? *Yes*
* Will client benefit from tele-psychology? *Yes*
* Does client possess sufficient skills / knowledge to utilize necessary technology? *Yes*

* Psychologist must not provide tele-psychology if this format is inappropriate due to either:

* Clinical reasons *Does not apply*
* Technological reasons *Does not apply*

* Psychologist must establish / maintain competence in tele-psychology through the following means:

* Continuing education *Agreed*
* Consultation *Agreed*
* Other procedures  *Agreed*

* Prior to the utilization of tele-psychology, psychologists obtain written informed consent regarding the following:

* Limitations / innovative nature of tele-psychology
* Potential risks to confidentiality
* Potential risks of sudden / unpredictable disruptions in tele-psychology
* How alternative means of communication can be re-established in case of disruptions, and under what circumstances alternative means of communication will be utilized (e.g., emergency purposes), in this respective order:

*1. Office Number: 512-800-8010*

*2. Mobile Number: 512-800-9948*

* When / how psychologist will respond to routine electronic messages: *In writing within 48 hours*
* Who else may have access to these communications: *No one*
* Specific methods for ensuring that electronic messages are only received by the intended recipient:
* *Subject lines will include the word CONFIDENTIAL*
* *Body of email will include confidentiality disclaimer*
* Explain how psychologist will store the electronic message, and ensure that confidential messages cannot be accessed / recovered by unauthorized parties (especially after disposal of electric data / equipment)
* *Access to both computer and email are password protected.*
* *Messages will be stored within secure email database.*
* *Psychologist is the only authorized user of applicable computer and email account.*

* Upon initial / subsequent contacts with client, psychologist must:

* Verify identity of client
* Obtain alternative means of contacting client *Please see below*
* Provide alternative means of contacting psychologist *Please see above*
* Create written contract for face-to-face services in client’s geographic area for suicidal / homicidal / other crises

****C. Signatures:

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Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Client Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D. Biographical Information:

|  |  |  |
| --- | --- | --- |
|  | *Client 1* | *Client 2* |
| *Name* |  |  |
| *Main Number* |  |  |
| *Email* |  |  |
| *Birth Date* |  |  |
| *Address* |  |  |