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Outpatient Services Agreement for Telehealth/Telepsychology

Welcome to telehealth, a part of my practice. This information sheet/agreement is supplemental to, and does not replace, the standard Outpatient Services Agreement you reviewed and signed at the beginning of treatment. Please review that latter document at any time on my website for complete information.

Telehealth visits provide an advantage in allowing us to conduct therapy visits, when in-person sessions are not possible. I use HIPAA compliant video platforms called Zoom for Healthcare (and VSee as a backup), both of which provide a Business Associate Agreement to the provider, which obligates companies to comply with HIPAA regulations. (If these platforms technically fail, Skype and FaceTime are also allowed during the COVID-19 crisis, but are less desirable. Standard telephone calls are also an option temporarily.)

I will instruct you on connecting on one or both of these platforms. There are clear benefits to teletherapy, but technology can sometimes interfere. We will do our best if technology falters, and may switch to a phone connection. Regardless of technical problems, we will still have to end at the appointed time.

I use platforms that provide encryption during the call. The level of security is likely fine for our purposes, but you may hear about security problems with videoconferencing. Companies have been addressing these problems with added security measures. On Zoom, I will admit you to the “waiting room” and will lock the meeting so that no one else

can enter it after you have done so. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I keep in close contact with the news and with my professional community and will address to the best of my ability any problems with cyber security, given that I am not an expert in that field.

It is important that you verify that your particular health insurance company allows for coverage of telehealth, and that this coverage is not just limited to a separate network of telehealth providers that the company maintains (examples are Teladoc or Live Health Online). During this crisis, many insurance companies have expanded their coverage of telehealth to providers outside of these separate networks. They will also cover a greater variety of platforms and services (including phone therapy for now).

I will ensure that the location in which I am conducting the telehealth session is private and that others cannot hear the session. I would ask you to do the same thing. In addition, the quality of the connection is important, so let's both do our best to ensure a reasonable connection by being near a modem, wired in to the modem, or in a place that has good wireless (and is not public). Also, please use a secure network, and a device for telehealth that is password protected.

Usually I cannot conduct telehealth if you are outside of Massachusetts. During the COVID-19 crisis, there are sometimes provisions for seeing you temporarily if you are in other states, but please let me know in advance that you will be elsewhere so I can investigate the options.

If you need to cancel a telehealth visit, please observe the usual 24 hour cancellation policy. Occasionally if you need to cancel an appointment short-notice, I can waive the missed appointment fee if we can make up the appointment that week. But I can't guarantee that I can always do this. I do generally expect that people will keep at least 5/6 appointments without canceling. (See Outpatient Services Agreement and Memo on Attendance for more on this.)

Assessing and evaluating threats and other emergencies can be more difficult when conducting teletherapy than in traditional in-person therapy. To address this, we will put certain plans in place. I will ascertain your physical location at each session. I will also have you identify a trusted emergency contact person who is near your physical location, and a hospital where you would seek care in an emergency. I will ask that you authorize me to contact your emergency person as needed during a crisis or emergency. If the session is interrupted for any reason, such as a technology failure, and you are having an emergency, do not call me back; instead, call 911, or go to your nearest emergency department. Call me back after you have called or obtained emergency services. If you are having suicidal thoughts or have a plan to harm yourself, you can call the National Suicide Prevention Lifeline at 800-273-8255 (TALK) for free 24 hour hotline support.

The telepsychology sessions shall not be electronically recorded in any way unless agreed to in writing by mutual consent. I will maintain a written record of our session in the same way I maintain records of in-person sessions in accordance with usual protocol.

Your signature below indicates agreement with the terms and conditions outlined here. Your signature also authorizes me to contact your designated emergency contact person (below) in the event that an emergency occurs during in-person or telehealth sessions. Please keep a copy of this document. It will also be posted on my website.

Thank-you for your attention to this form. Please feel free to bring up, at any time, any questions or concerns that you have.

Client Name

Client Signature (over 15)

Date of Signature

Parent/Guardian Name (if client under 18)

Parent/Guardian Name (client under 18)

Date of Signature

Elizabeth Pierce, Ph.D.
Licensed Psychologist

Date of Signature

Emergency Contact Name _____

Relationship to Client _____

Contact's Phone Number _____

Preferred Hospital Name (in case of emergency and contact person cannot be reached - unlikely event)

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