

# **ELIZABETH PIERCE, PH.D.**

*Licensed Psychologist*

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## **Telehealth Consent Form**

Welcome to telehealth, a part of my practice. This information sheet/ agreement is supplemental to, and does not replace, the standard Outpatient Services Agreement. 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 or preferred. 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 and providers to comply with HIPAA regulations.

I will instruct you on connecting on one or both of these platforms. There are clear benefits to teletherapy in terms of convenience and choice, but technology can sometimes interfere. We will do our best if technology falters, and we 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 occasional 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 can also 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 the pandemic, most insurance companies expanded their coverage of telehealth to providers outside of these separate networks.

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.

Typically I cannot conduct telehealth if you are outside of Massachusetts. There are sometimes provisions for seeing you temporarily if you are in other states. Please let me know in advance that you will be elsewhere and I can investigate whether that is even an option.

If you need to cancel a telehealth visit, please observe the usual 24 hour cancellation policy, and use phone or email. If it is cancelled less than 24 hours in advance, a missed appointment fee of \$100 applies. I do generally expect that people will keep at least 5/6 appointments, and strongly encourage clients who need to miss a session, to reschedule appointments to another day in the same week if possible. (See Outpatient Services Agreement and Attendance Policies 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 988 or 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) if needed in the event that an emergency occurs during in-person or telehealth sessions. Please keep a copy of this document. It is also 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.

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Client Name

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Client Signature (over 15)

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Date of Signature

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Parent/Guardian Name (if client under 18)

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Parent/Guardian Name (client under 18)

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Date of Signature

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Elizabeth Pierce, Ph.D.  
Licensed Psychologist

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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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Revised 12/9/22