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Telehealth Consent Form

Welcome to telehealth. This information sheet/agreement is supplemental to, and does not replace, the 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 are preferred. I use a HIPAA compliant version of Zoom Workplace Pro, which provides a Business Associate Agreement (BAA) to the provider. A BAA document obligates companies and providers to comply with HIPAA regulations.

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. This level of security is likely fine for our purposes. I will admit you from the “waiting room,” and can also lock the meeting if needed. 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.

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 a 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 provisions for seeing you temporarily if you are in select other states. Please let me know in advance that you will be elsewhere and I can investigate whether meeting is even an option.

If you need to cancel a telehealth visit, please observe the usual cancellation policies (see Attendance Policies memo).

Assessing and evaluating threats and other emergencies can be more difficult when conducting teletherapy than in traditional in-person therapy. To address this, 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 you are having an emergency, and the session happens to be disrupted, call 911, or go to your nearest emergency department. Call me after you have 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 an in-person or telehealth

session. 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.

Client Name

Client Signature (over 15)

Date of Signature

Parent/Guardian Name (if client under 18)

Date of Signature

Parent/Guardian Name (if client under 18)

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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