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<https://doxy.me/drwoelfel>

Telepsychology Informed Consent

In response to the risk of Covid19 virus transmission, I am suspending my in-person psychology practice, and offering current clients the choice to conduct therapy sessions online. The following information is my understanding after researching applicable laws and professional guidance materials and consulting with colleagues. I regret any errors in my understanding.

Accessing psychotherapy online. I have chosen a service, Doxy.me, which is compliant with HIPPA privacy regulations and approved by many insurance companies for reimbursement. You will not have to make any changes to your computer to use this service; it is available through Chrome, Firefox and Safari browsers. You will need to activate your camera and microphone for us to be able to talk. The website will guide you about how to do this, and I recommend that you allow time to learn how to access this before our first appointment. You may also be able to access this site by installing an app on your cell phone.

Privacy protection. None of your Personal Health Information will be recorded by Doxy.me. You do not login, you simply link to the web address [www. https://doxy.me/drwoelfel](https://doxy.me/drwoelfel) to “check in” to my virtual “waiting room” at our appointment time. You are welcome to use only your first name or initials as your “check in” name. After our video session, all content of the session is destroyed by Doxy.me.

Risks to privacy. Any communication over the internet involves risks, including possible breaches of confidentiality or disruption of services due to technical difficulties. I will do everything I can to minimize these risks. **It is also important that you minimize the risk of being overheard or interrupted during our session.**

Efficacy and limitations. Research suggests that telepsychology is about as effective as in-person psychotherapy. However, my training and experience are based upon in-person interactions, and I believe that we will both need some time to adapt to the most effective use of this technology.

Please keep your phone nearby so that we can communicate if there is an internet interruption. Please be aware that mobile phone conversations and texts are not considered confidential.

As always, if you feel that our work together is not effective, you may withdraw this Consent for treatment. You will be welcome to resume working with me in-person when I offer those services again.

Emergency contact. The website <https://doxy.me/drwoelfel> does not provide emergency access to me. We can only connect on this website at pre-scheduled appointment times.

As always, the best way to connect with me in an emergency is by calling or texting my cell phone at 714-566-4342.

If I do not respond to your call or text, your best option for emergency help is to contact a help line (877) 7-CRISIS or 877-727-4747, call 911, or go to a hospital Emergency Department.

Billing. You will be billed for video sessions just as you have been for in-person sessions. For persons paying by cash, the fee remains the same as before, and arrangements for payment will be made on an individual basis. It is my understanding that most insurance companies will reimburse this cost according to your individual policy. If you want to continue using your insurance benefits, I recommend that you contact your insurance carrier to discover their telemedicine benefit policy. If your insurance company does not reimburse these services, you will be responsible for the amount that their contract would pay for an in-person session. Most of my sessions are 60-minute individual psychotherapy, code 90837.

Cancellations. My cancellation policy for video sessions is the same as for in-person sessions. I request 24-hours' notice if you need to cancel or reschedule an appointment. If you do not cancel and are a "no show" for a scheduled video session, you will be billed for the cost of that session, and your insurance company will not reimburse this. I make exceptions for emergency situations.

This **Telepsychology Informed Consent form** is an addition to the **Consent for Treatment** and **California Notice Form (HIPAA)** which you approved and signed the first time that we met.

Signature. I, the undersigned, have read this statement, understand and agree with its terms.

Signature

Date