



University of Rochester Psychological Service Center (URPSC)
CONSENT FOR TELEHEALTH SERVICES

1. Purpose of Telehealth

My graduate clinician has asked me to meet using telehealth. This means we will talk by video or phone instead of meeting in person. Telehealth helps us keep working together when it is hard to meet face-to-face.

2. Technology Used

URPSC uses Zoom for Healthcare to hold telehealth sessions. I will need a device that connects to the internet and has a camera and microphone. Zoom helps protect privacy, but URPSC cannot promise complete security.

3. Differences From In-Person Services

Telehealth is different from meeting in person. I will not be in the same room as my graduate clinician. This may make it harder for my graduate clinician to notice body language or other non-verbal signs.

4. Benefits of Telehealth

- Keeping care going: Telehealth helps clients and clinicians continue working together when travel, illness, moving, or being away makes it hard to meet in person.
- Easier access to help: Telehealth can help people who live far away or have trouble getting to appointments.
- Saving time and money: Telehealth can reduce the need to travel and lower related costs.

5. Risks of Telehealth

- Privacy concerns: My graduate clinician will try to keep my information private, but using video or phone means privacy cannot be fully guaranteed. If I am not in a private space, other people might hear what I say.
- Technology problems: Sessions might stop or fail because of internet or device issues. Someone without permission could see or hear the session.
- Crisis limits: Telehealth is not right for people who are in crisis or need a lot of help. URPSC graduate clinicians do not use telehealth with people who are in danger of hurting themselves or others.
- May not work as well: Studies show telehealth can help, but some clinicians believe that meeting in person may work better for some people.

6. Client Responsibilities

- I will join sessions from a safe and private place, such as indoors and not while driving.
- I will do my best to protect my privacy, such as using headphones and choosing a quiet space.
- If I am in a place that is not safe or private, the session may be rescheduled.

7. Emergency and Safety Planning

- If there is an emergency, I will call 911 or go to the closest emergency room right away.
- My graduate clinician cannot provide telehealth services if I am outside New York State because of license rules.

8. Confidentiality

URPSC will keep my information private by following rules from New York State law, professional ethics, and Departmental standards for approved training clinics. These include the American Psychological Association

(APA) and the Psychological Clinical Science Accreditation System (PCSAS). There are some times when my information may be shared. This includes if I am at risk of hurting myself or others, if someone is being abused, or if a court asks for records.

9. Recording and Observation

Sessions will not be recorded unless I am told ahead of time and give written permission. Recordings may be used for training or supervision. If recordings are made, they will be kept safe and only shared with people who are allowed to see them.

10. Training Clinic

URPSC is a training clinic. My health information may be shared with graduate clinicians, faculty supervisors, and clinic staff for learning, scheduling, or payment. Everyone who works at URPSC must follow rules to keep my information private.

11. Interpreter Services

If I need an interpreter, I will tell URPSC ahead of time. URPSC will try to arrange interpreter services when possible.

12. Billing

Telehealth sessions will be billed the same way as in-person sessions.

13. Appropriateness of Telehealth

Telehealth may not be right for everyone. My graduate clinician will decide with me if telehealth is a good fit. If it is not, they may suggest meeting in person or finding another provider.

14. Consent and Withdrawal

I understand that I may choose to stop telehealth services at any time. Also, my graduate clinician may decide that telehealth is no longer the best option for me. If it is not, they may suggest meeting in person or finding another provider.

By signing this form, I confirm the following:

- I have read or someone has explained it to me.
- I understand the risks and benefits of telehealth.
- I had a chance to ask questions.
- I agree to receive psychological services through telehealth.

Client Name (print)

Client Signature

Date

Parent/Guardian Signature (if applicable)

Date

Graduate Clinician Signature

Date