

# **CROSSROADS BEHAVIORAL HEALTH, LLC**

**SUSAN E. PETERMAN, PH.D.  
10 NORTH MAIN STREET, SUITE 204  
WEST HARTFORD, CT 06107**

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## **INFORMED CONSENT FOR TELEPSYCHOLOGICAL SERVICES**

Prior to starting video-conferencing services, I agree to the following:

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and I will explain how to use it.
- You need to use a computer webcam or smartphone during the session.
- Please find a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- As with all therapy sessions, if you need to cancel or change your tele-appointment please call me 24 hours in advance.
- We'll need to designate a backup phone number to restart the session or to reschedule it, in the event of technical problems.
- If you are not an adult, I need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.
- I recommend you confirm with your insurance company that the video sessions will be reimbursed.
- We may determine that due to certain circumstances that telepsychology is not appropriate for you needs, and discuss alternatives.

Date: \_\_\_\_\_ Susan E Peterman, PhD \_\_\_\_\_

Date: \_\_\_\_\_ Patient Name: \_\_\_\_\_

Signature of Patient (or Patient's Legal Representative): \_\_\_\_\_