

**Memory & Psychological Services, Inc.**

**8180 Brecksville Rd Ste 115**

**Brecksville, OH 44141**

**p. 440-546-0048**

**f. 888-828-2326**

**Informed Consent to *Telepsychology* (i.e., Video-conferencing) Services – MPS, Inc.**

1. I understand that I must be an established client receiving services at MPS, Inc. in order to be considered for Telepsychology sessions.
2. I understand that MPS, Inc. is making use of Telepsychology sessions specifically to address needs for service during possible quarantines and recommended social distancing related to Coronavirus. MPS, Inc. is not generally offering Telepsychology sessions at this time. I understand that I will be expected to attend in-person sessions, except when I or my clinician at MPS, Inc. decide it is in my best interest during the pandemic to utilize the Telepsychology sessions.
3. I understand that, in order to participate in Telepsychology sessions, I will need access to a reliable internet connection on a computer or mobile device in a private setting. I will be responsible for making sure that the camera and microphone on my device are accessible to the [doxy.me](https://doxy.me) platform used for Telepsychology sessions. I know that I can request a “set-up” trial with my therapist to be sure the technology works prior to my scheduled session.
4. I understand that, in order to participate in a Telepsychology session, I must be physically located in the state of Ohio at the time of the session.
5. I understand that it will be my responsibility to assure privacy for myself during the session, and to inform my therapist of a) my location, b) any other persons in the room with me during a session, and c) a way that I can be reached by my therapist if we lose the internet connection. I understand that my therapist will be conferencing with me from a private room and will maintain my confidentiality.
6. I understand that, in the event of technology failure during a session, my therapist and I might have to revert to a telephone session.
7. I understand that my therapist may choose not to offer Telepsychology sessions with me, or to cease conducting such sessions, if the therapist deems such sessions to be inappropriate for my circumstances for any reason.
8. I understand that typical session fees, as listed in the general MPS, Inc., Informed Consent to Treatment document, will apply to Telepsychology sessions. If I am using insurance to pay for sessions, claims will be submitted to my insurance company as usual. I understand that MPS, Inc. is unable at this time to determine my insurance benefits for telepsychology services due to ongoing changes in response to the Coronavirus pandemic.
9. I understand that all other elements of the general MPS, Inc., Informed Consent to Treatment document still apply, in addition to these specifications for Telepsychology sessions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_