



New Peaks

NEUROPSYCHOLOGY

777 29th Street, Suite 200, Boulder, CO 80303
Office: 303-200-4780 • Fax: 720-647-3011

Kristin B. Powell, Ph.D., ABPP-CN
Jill Gitten Aloia, Ph.D., ABPP-CN
Zachary W. Sussman, Ph.D.
Emily C. Maxwell, Ph.D.

INFORMED CONSENT FOR TELEPSYCHOLOGICAL SERVICES

- There are potential benefits and risks of videoconferencing (e.g., limits to patient confidentiality and unexpected interruptions due to connectivity issues) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the other person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist will explain how to use it.
- You need to use a webcam on your computer or smartphone during the session.
- It is important to be in 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.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the psychologist in advance by phone or email.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- Your appointments will be billed using the same codes as in-office appointments, with a modifier to indicate it occurred using telepsychology services. If you are trying to obtain insurance reimbursement for the appointment, you should confirm with your insurance company that the video sessions will be reimbursed. You are responsible for full payment.
- As your psychologist, I may determine that due to certain circumstances telepsychology is no longer appropriate and that we should resume our sessions in-person, when available.

Once you have read and agreed to all 10 points above, please sign and date:

I have read and agreed to the New Peaks Neuropsychology Informed Consent for Telepsychological Services.

Printed Name

Back-Up Phone Number

Signature