



INTEGRATED PSYCHOLOGICAL SERVICES  
EMPLOYEE ASSISTANCE PROGRAMS INC.

**Informed Consent to *Telepsychology/Teletherapy* Services  
(includes Video-Conferencing {audio and video} and/or over Telephone {audio} only)**

1. I understand that I must be an established client receiving services at Matrix Psychological Services in order to be considered for Telepsychology/Teletherapy sessions.
2. I understand that Matrix Psychological Services is making use of Telepsychology/Teletherapy sessions specifically to address needs for service during possible quarantines related to Coronavirus. Matrix Psychological Services is not generally offering Telepsychology sessions currently. I understand that I will be expected to attend in-person sessions, except when I or my clinician at Matrix Psychological Services cannot attend an in-person session due to quarantine/self-isolation related to the Coronavirus.
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 understand that it is important to use a secure internet connection rather than public/free Wi-Fi.
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 connection. I understand that my therapist will be conferencing with me from a private room and will maintain my confidentiality. I agree that nobody will record the session without the permission from the others person(s).
6. 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.
7. I understand that if I need to cancel or reschedule my appointment, I will do so by following the usual protocol of contacting Matrix at 614-475-9500.
8. I understand that all other elements of the general Matrix Psychological Services Informed Consent to Treatment document still apply, in addition to these specifications for Telepsychology sessions.

\_\_\_\_\_  
Client printed name

\_\_\_\_\_  
Client signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian name

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date