

Lisa McDonald Cheney, PsyD, PLLC
Licensed Clinical Psychologist

4165 Westport Road, Suite 303
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drlisacheney.com

(502)759-0940 Phone
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Telehealth Consent Form

This form serves as an addendum to Dr. Cheney's Consent to Treat form that must be completed prior to our initial face-to-face or telehealth session. Dr. Cheney will use the HIPPA compliant software, Doxy for telehealth sessions. Prior to the telehealth appointment, Dr. Cheney will send an email invite for our virtual session. Dr. Cheney will also have a cell phone number on file to call should you need her assistance. Dr. Cheney will also use this number to restart the session or reschedule it in the event of technical problems. Confidentiality still applies for telepsychology services, and no one will record the session.

It is important to acknowledge that there are potential benefits and risks to video-conferencing sessions that may differ from in-person sessions. Despite using a HIPPA compliant platform, Dr. Cheney cannot guarantee confidentiality for telehealth sessions. However, there are several steps you can take to increase any potential risk to your confidentiality. Clients will need a private space free from distractions for telehealth sessions where they can close the door. Clients may also want to use headphones for our sessions. They will need to ensure their internet is working properly and will need to use a laptop, phone or device with a webcam. It is important to use a secure internet connection rather than public/free Wi-fi. If possible, clients may want to choose a place near their modem or where they have the strongest internet connection.

It is important to be on time. If you need to cancel or change your tele-appointment, you must notify Dr. Cheney in advance by phone or email. If a client should no-show or late cancel for a telehealth appointment, Dr. Cheney's no-show/late cancellation policies will still apply and clients will be charged for the session. You should confirm with your insurance company that the video sessions will be reimbursed; if they are not 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.

By signing below you are agreeing:

I hereby acknowledge I have read and understand the teletherapy policies described above by Dr. Cheney. I also acknowledge that I am in agreement with these policies and consent to telehealth with Dr. Lisa Cheney. I understand I can terminate consent for telehealth at any time. I understand the limits to confidentiality, the cancellation policy and matters related to telehealth insurance billing.

Signature of Client

Date

Signature of Parent, Guardian or Responsible Party

Date

Signature of Therapist

Date

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