

Randy Walton, Ph.D.  
Licensed Clinical Psychologist

## **INFORMED CONSENT ADDENDUM FOR TELEMENTAL HEALTH**

*This document is to be used in conjunction with, but does not replace, the INFORMED CONSENT FOR PSYCHOTHERAPY and the NOTICE OF PRIVACY PRACTICES documents that you reviewed and signed prior to starting psychotherapy/counseling services. I have attached these documents to this ADDENDUM for your reference. These documents, along with the current document, are available on my website: [www.randywaltonphd.com](http://www.randywaltonphd.com) on the Office Information tab.*

### ***General Information***

Telemental health (sometimes called telepsychology, telehealth, or telemedicine) involves the use of electronic communication such as internet-based videoconferencing for a variety of mental health services that have typically been provided in face-to-face office visits. It is a new way of engaging in psychotherapy/counseling and other services for many people. This document is intended to let you know how telemental health, particularly psychotherapy/counseling via videoconferencing, works and what to expect.

### ***Benefits of Telemental Health***

Fewer limitations related to geographic location, reduced travel to a physical office with associated reduction in travel time and costs, and participation in psychotherapy/counseling from your own home or environment of your choosing

### ***Risks of Telemental Health***

Technological failure, e.g., videoconferencing connection may not work or may stop working during a session and video or audio transmission may not be clear, subtle or nonverbal cues may be less evident to both the therapist and client, and the therapist is not physically available to address any emergency situations

### ***Scheduling and Starting a Telemental Health Session***

- I will contact you to schedule a telemental health session at a mutually acceptable time
- At the scheduled appointment time, open your web browser on your computer or mobile device (Chrome and Firefox typically work best, but other web browsers should also work)
- Enter my telemental health web address: <https://doxy.me/randywaltonphd> into your browser
- If prompted, allow your web browser to use or share your web camera and microphone with doxy.me (the video conferencing platform we will use for our telemental health session)
- Type in your name (first name is sufficient) to let me know you are ready
- I will start our telemental health session

### ***Equipment and Expectations for Client During Telemental Health Sessions***

- Operational web camera, microphone, and speakers/headphones
- Internet connection with at least 750kb/s download and upload speeds
- Google Chrome, Mozilla Firefox, or Safari (latest release versions) web browser
- Windows, Android, or Apple iOS operating system
- Suitable room or environment to assure privacy and lack of interruptions
- Only mutually agreed upon participants will be present
- You will provide the physical address of your location at the start of the session
- You will provide a phone number where you can be reached in the event of service disruption
- You will provide the name and contact information for a person to be contacted and able to help in case of an emergency
- You will provide the name and contact information for the local Community Services Board Emergency Services program serving your jurisdiction

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**INFORMED CONSENT ADDENDUM FOR TELEMENTAL HEALTH (CONT.)**

***Emergency Protocol***

As noted in my INFORMED CONSENT FOR PSYCHOTHERAPY and the NOTICE OF PRIVACY PRACTICES documents, in case of emergency I have a duty to protect a person's safety, per Virginia's "duty to protect" statute. Potential dangers or risks may be addressed and resolved within a therapy session, but protecting your or others' safety may include disclosure of PHI to others. In case of emergency, I may contact your identified emergency contact person, and if appropriate, the Emergency Services program of the local Community Services Board to assist in addressing the emergency. If needed, 911 emergency services will be contacted. In any of these cases, client identifying information, the nature of the crisis, and the immediate needs of the client will be provided to the emergency responder to help address the emergency. I will limit the use or disclosure of protected health information to the minimum information required to protect safety and required by law.

***Response to Technical Difficulties***

If technical difficulties cause session disruption, I will contact you via your identified telephone contact number. If technical difficulties can be resolved quickly the session will resume and you will not experience a shortened session length. If the technical difficulties cannot be resolved in a timely manner, I will use the phone call to develop a plan for continuation of the session at a time when the technical difficulties are resolved and videoconferencing functionality is restored. If appropriate, a face-to-face session may be arranged.

***Fees***

The cost for telemental health sessions is outlined in the INFORMED CONSENT FOR PSYCHOTHERAPY document; please see this document for more detailed information. Payment for telemental health sessions by health insurers varies. Prior to any telemental health sessions I will work with you to determine whether your insurance plan covers telemental health services, any requirements or expectations for such services to be covered, and your payment responsibility for telemental health services.

**My signature indicates that I have read and understand this INFORMED CONSENT ADDENDUM FOR TELEMENTAL HEALTH and the associated INFORMED CONSENT FOR PSYCHOTHERAPY and NOTICE OF PRIVACY PRACTICES, that I have discussed and received clarification regarding any questions about telemental health with Randy Walton, Ph.D., and that I have received a copy of this form if desired.**

\_\_\_\_\_ Signature \_\_\_\_\_ Date