

INFORMATION, AUTHORIZATION, AND CONSENT OF TELEPSYCHOLOGY

This document is to inform you about confidentiality and several key details regarding your treatment using Telepsychology. Breaches of confidentiality using this technology require an extra level of protection to provide you with the highest level of care to ensure your Protected Health Information (PHI) remains confidential.

INSTRUCTIONS FOR NOTICE

- Effective date of this Notice: March 20, 2020
- David C. Brillhart, PsyD: E-mail: DCBrillhart@gmail.com; Phone: (503) 400-7500

Internet Security:

Because confidentiality is of utmost importance to the therapeutic relationship, I am using Zoom for Telepsychology. Zoom is HIPAA-compliant, encrypted to the federal standard, and has a Business Associate Agreement (BAA) making them responsible for keeping all information secure. While Zoom is secure, there are extra security precautions you should take:

- When beginning a session, ensure you are in a private room;
- To avoid being overheard, shut any doors leading to the room and, if possible, use a noise cancelling device;
- When possible, connect directly to the Internet rather than a Wi-Fi connection for security and more stable Internet connectivity.

Please Remember:

- 1. Be on time for our Telepsychology session as you would be for a standard in-person appointment.
- 2. ACT II Psychology's cancellation policy remains unchanged.
- 3. Limit distractions: a) turn off any electronics; b) avoid splitting the screen between your session and other computer work; and c) remind those around you that you should not be disturbed during your appointment.

In Case of Technology Failure:

During a Telepsychology session, we could have a technological failure. Should we get disconnected from a session, please restart the session. If we are unable to reconnect within ten minutes, please call me.

Your Responsibility:

I encourage you to communicate only through devices that you know are secure (e.g., has a firewall, anti-virus software installed, is password-protected, not accessing the Internet through a public wireless network, Virtual Private Network (VPN), etc.). It is also your responsibility to choose a secure location to interact with technology-assisted media and to be aware that family, friends, employers, co-workers, strangers, and hackers could either overhear your communications, or have access to the

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technology. Additionally, you agree not to record any Telepsychology session.

INFORMED CONSENT

Your signature below indicates you have: a) read and understand all the information provided in this Telepsychology statement; b) are giving your consent for Telepsychology treatment; and c) agree to abide by its terms during our professional relationship:

Client's Signature

Today's Date

David C. Brillhart, PsyD's Signature

Today's Date