

Dr. Mandy Menzer
Licensed Psychologist

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Informed Consent/Treatment Agreement for Telepsychology

Definition of Services. Telepsychology services (also known as Teletherapy) is a form of psychological service provided via secure internet technology. It has the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted face-to-face at the offices of Dr. Menzer. Due to the nature of the technology used, telepsychology services may be experienced somewhat differently than face-to-face treatment sessions.

Please be aware that Dr. Menzer only provides telepsychology services for existing clients, and typically only under unusual and temporary circumstances that make it difficult to attend session in person. Dr. Menzer believes that in person therapy is most effective, but understands that there are times when telepsychology would be preferable to going without therapy sessions for long periods of time.

Clients who are actively at risk of harm to self or others are not suitable for telepsychology services. If this is the case or becomes the case in future, please speak to Dr. Menzer, and more appropriate services will be provided or recommended. The laws and professional standards that apply to regular psychological services in Texas apply to telepsychology services provided by Dr. Menzer and she will only provide services to clients who are physically located in the state of Texas.

Technology Requirements. You will need a computer with internet access and webcam ability or you may use a phone or tablet. Dr. Menzer is using Hangouts Meet by Google, which is a HIPPA compliant video conferencing program. It can be accessed via the Meet app or the website meet.google.com. Please feel free to ask further questions if you have concerns.

Risks, Rights and Responsibilities in using Telepsychology.

Please Initial

_____ I understand the nature of the proposed therapeutic treatment and I give my informed consent for telepsychology services with Dr. Menzer. I understand that there is a risk that services could be disrupted or distorted by unforeseen technical problems and I understand that there may be quality differences that are experienced when compared to face-to-face services. I understand that I must be physically located in the state of Texas to be eligible for telepsychology services from Dr. Menzer.

_____ I understand the fees for service, including the standard late cancellation fees that will apply for not attending online sessions. I understand that my insurance company may not cover tele-health services and I (not my insurance company) am responsible for full payment of fees.

_____ I understand that I have the right to withdraw consent at any time. It will not affect my right to further treatment. Dr. Menzer has the right, at any time, to determine if telepsychology sessions are not appropriate for my case. Should this be determined, she will continue with face-to-face services or provide referral information to other services.

_____ I understand that there are exceptions to client confidentiality policies that exist for regular therapy; these also apply to telepsychology services. If I need more information on such exceptions, I can talk to Dr. Menzer about my concerns or review the Informed Consent document that I completed on intake; it can also be found online at <http://www.drmenzer.com/intake-forms.html>

_____ I understand that despite best efforts to ensure high encryption and secure technology, there is always a risk that the transmission be breached and accessed by unauthorized persons. I understand that there is a risk of being overheard by anyone near me if I do not place myself in a private room. I am responsible for creating a comfortable safe environment on my end of the transmission. It is the responsibility of Dr. Menzer to do the same on her end.

_____ I agree that I will not record any telepsychology sessions without written consent from Dr. Menzer. I understand that Dr. Menzer will not record any of our telepsychology sessions without my written consent. I will inform Dr. Menzer if any other person can hear or see any part of our session before the session begins. Dr. Menzer will inform me if any other person can hear or see any part of our session before the session begins.

_____ I understand that I, not Dr. Menzer, am responsible for the configuration of any electronic equipment used on my computer which is used for telepsychology. I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins.

Consent To The Use of Telepsychology

I have read and understand the information provided above regarding telepsychology. I have discussed it with Dr. Menzer and all of my questions have been answered to my satisfaction. By signing below, I hereby give my informed consent for the use of telepsychology in my care. I understand the terms of this Agreement and I agree to comply with them. I understand that this Agreement is a contract between me and Dr. Mandy Menzer and may be enforced as a written contract. I agree that this Agreement will stay in effect until I revoke it in writing.

Signature of Client

Date Signed

Mandy Menzer, Psy.D., Licensed Psychologist
8700 Manchaca Rd, Ste 402 Austin, TX 78748

Printed Name of Client

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