



Center for Psychological Services and Development

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INFORMED CONSENT ADDENDUM – CONSENT TO TELE-ASSESSMENT SERVICES

Please read the following carefully as it represents an agreement between you (I, your) and the Center for Psychological Services and Development (CPSD, we, us, our) for tele-assessment services.

Important information about our tele-assessment services:

- Tele-assessment is a form of psychological assessment provided over a secure web-based platform. It can include interviews, surveys, and other interactive tasks using audio or video communication. Tele-assessment involves the communication of your (your child's) medical/mental health information, orally and/or visually.
- Tele-assessment has the same purpose as psychological and/or educational assessment sessions that are conducted in person. Due to the nature of the technology used, tele-assessment may be experienced somewhat differently than in-person assessment sessions.
- Some measures used in tele-assessment may not be as precise or accurate as they would be with in-person assessment. This is because some tests used in tele-assessment are being administered in a way that they were not specifically developed to be used. Your clinician knows and understands these issues, will use the data in a way to maximize their accuracy, and can work with any uncertain circumstances. This may include adding more measures to evaluate areas that are unclear. It may also include *not* being able to make as specific or definitive conclusions, diagnoses, or recommendations as would be possible with in-person assessments.
- Some school systems, agencies, testing services (e.g., SAT), and prescribers may not accept the findings of tele-assessments. It is your responsibility to confirm with the relevant parties that they will accept results of a tele-assessment and to inform your clinician if this is not the case. If so, they will recommend other professionals in the area who are conducting in-person assessments.

Your rights, risks, and responsibilities

- You (or your child) need to be residing in Virginia on all appointment dates.
- You have the right to withhold or withdraw consent at any time without affecting your right to future care or treatment.
- The laws that protect confidentiality of your medical information also apply to tele-assessment. As such, information that you disclose during the course of your assessment is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are described in the general consent form you received.
- There are risks and consequences of participating in tele-assessment including, but not limited to, the possibility that, despite your clinician's best efforts to ensure high encryption and secure technology: the transmission of your information could be disrupted or distorted by technical failures; the transmission of your information could be interrupted by unauthorized persons; and/or the electronic storage of your medical information could be accessed by unauthorized persons.
- There is a risk that the tele-assessment session could be disrupted or distorted by technical problems.

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- Tele-assessment-based services and care may not be as complete as in-person services. If your clinician believes you would be better served by another form of assessment (e.g., face-to-face testing), you will be referred to a professional who can provide such services in your area.
- Tele-assessment does not include emergency services. If you experience a mental health emergency while receiving tele-assessment services at CPSD, you can call 911 or go to the nearest emergency room for help. You can also call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free 24-hour support. Clients who are actively at risk for harm to themselves or others are not suitable for tele-assessment. If this is the case or becomes the case while receiving tele-assessment services, you agree to notify your clinician, and they will recommend services that are more appropriate.
- There is a risk of being overheard by anyone near you if you are not in a private room while participating in tele-assessment. You are responsible for (1) providing the necessary computer, telecommunications equipment, and internet access for your tele-assessment sessions, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for your tele-assessment sessions. Your clinician will ensure the same on their end. I further understand that if any of these conditions are not met, your clinician may end the tele-assessment session until such time that conditions are adequate for testing.

CONSENT

I have read, understand, and agree to the information provided above regarding tele-assessment services with the Center for Psychological Services and Development. I have asked questions, if any, and had them answered to my satisfaction.

Check one to _____ consent or _____ deny consent.

Client Name (please print)

Parent/Guardian or Authorized Representative Name (please print)

Relationship to Client

Client or Parent/Guardian/Representative Signature

Date