dr.taylor

Consent for Video-Conference/Tele-Assessment - Adult

I give my consent to receive psychological and/or neuropsychological services from Shannon E. Taylor, PhD and the staff members of Dr. Taylor's office via video-conferencing and understand that services are provided on a confidential basis and records are disclosed only when properly authorized.

I understand that there are potential risks and benefits of tele-conferencing that differ from in-person sessions and I understand that some measures used in tele-assessment may not be as precise or accurate as they would during in-person sessions because some measures used in tele-assessment will be administered in a way that they were not specifically developed to be given.

I understand that Dr. Taylor and her staff fully grasp the measures mentioned above and will use all gathered data in a way to help maximize accuracy and work with any unsure circumstances. This may include adding additional measures to evaluate areas that are unclear, and may also include not being able to draw specific conclusions, decisions or recommendations as would be possible during in-person assessments.

I agree to the video-conferencing platform selected for our virtual sessions and I understand that confidentiality still exists in video-conferencing, and no one will record the session without permission from the other party.

I understand that scheduling of tele-conferencing is limited, therefore I will be on time to my appointment and I will find a quiet, private space, free from distractions, including cell phone and other devices, during the session.

I understand that if I am unable to keep the assigned video-conference time I will contact Dr. Taylor well in advance of session and I understand that if I do not join the meeting, the session will be terminated at ten minutes past the scheduled meeting time and must be rescheduled at a later date.

Please provide the best phone number to call in case of connection problems or in the event of technical issues:_____

Signature:_____

Printed Name: _____ Date: _____