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Consent for Videoconferencing/Tele-Assessment Services - Child

I give my consent to receive psychological and/or neuropsychological services from staff members of North Texas Neuropsychology & Behavioral Medicine Services via videoconferencing.

I 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 teleconferencing that differ from in-person sessions. For example, a risk is there are limits to confidentiality, but benefit is the reduction of contact during declared disaster time restrictions including social distancing and self-quarantine.

I also understand that some measures used in Tele-Assessment may not be as precise or accurate as they would be in face-to-face, in person assessment sessions. This is because some measures used in Tele-Assessment are being administered in a way that they were not specifically developed to be administered. I further understand that Dr. Taylor and the staff at North Texas Neuropsychology fully understand these issues and will use the data in a way to maximize their accuracy and work with any unsure circumstances. This may include adding more measure to evaluate areas that are unclear, and it may also include not being able to make as specific conclusions, decisions or recommendations as would be possible in face-to-face in person services.

I understand that confidentiality still exists in video conferencing, and no one will record the session without permission from the other person(s).

I agree to the videoconferencing platform selected for our virtual sessions.

I understand that we should find a quiet, private space that is free from distractions (including cell phone and other devices) during the session.

I understand that in this time of disaster the scheduling of teleconferencing is limited and I will be on time to the meeting.

I understand that if I do not join the meeting, the session will be terminated at 10 minutes past meeting time, and must be rescheduled at a later date.

I understand that if I am unable to keep the assigned videoconference time, I will contact Dr. Taylor well in advance of session.

Please use the following phone number to call in case of connection problems or in the event of technical problems:

Phone Number: _____

Signature of Parent or Legal Guardian: _____

Printed Name: _____

Date: _____

If signed by a guardian, please state legal basis for guardian status: _____