

**Nahal Delpassand, PsyD, PLLC**  
Licensed Psychologist  
1600 W. 38<sup>th</sup> St. Suite 428  
Austin, TX 78731  
512-454-3685

### **INFORMED CONSENT TO TELEHEALTH**

Telehealth allows Dr. Nahal Delpassand to diagnose, consult, treat and educate using interactive audio, video or data communication regarding my treatment. I hereby consent to participating in psychological services via telephone or the internet (hereinafter referred to as Telehealth) with the clinician listed below:

Client Name: \_\_\_\_\_ Clinician: **Dr. Nahal Delpassand, Psy.D.**

I understand I have the following rights under this agreement:

I have a right to confidentiality with Telehealth under the same laws that protect the confidentiality of my medical information for in-person psychological services. Any information disclosed by me during the course of my therapy, therefore, is generally confidential.

I understand the American Psychological Association (APA), in the past, has categorized FaceTime as a non-HIPPA compliant platform. Due to COVID-19, the APA has stated that during this time of crisis FaceTime have been authorized as acceptable means of telehealth.

There are, by law, exceptions to confidentiality, including mandatory reporting of child, elder, and dependent adult abuse and any threats of violence I may make towards a reasonably identifiable person. I also understand that if I am in such mental or emotional condition to be a danger to myself or others, Dr. Nahal Delpassand has the right to break confidentiality to prevent the threatened danger. Further, I understand that the dissemination of any personally identifiable images or information from the Telehealth interaction to any other entities shall not occur without my written consent.

I understand that while psychological treatment of all kinds has been found to be effective in treating a wide range of mental disorders, personal and relational issues, there is no guarantee that all treatment of all clients will be effective. Thus, I understand that while I may benefit from Telehealth, results cannot be guaranteed or assured.

I understand that I am responsible for making payments on the day of my session by cash, check or Venmo. Checks are to be made payable to Dr. Nahal Delpassand. **If payment is not made at time of service, a fee of \$25.00 will be added to the total outstanding balance for each late payment.** Non-emergency cancellations must be received at least 24 hours in advance of my appointment time (note that cancellations for Monday must be received before noon on the preceding Friday). Late cancellations or failure to show for a session will incur the full \$200.00/\$300.00 fee for all clients.

I further understand that there are risks unique and specific to Telehealth, including but not limited to, the possibility that our therapy sessions or other communication by Dr. Nahal Delpassand to others regarding my treatment could be disrupted or distorted by technical failures or could be interrupted or

could be accessed by unauthorized persons. In addition, I understand that Telehealth treatment is different from in-person therapy and that if Dr. Nahal Delpassand believes I would be better served by another form of psychological services, such as in-person treatment, I will be referred to a therapist in my geographic area that can provide such services.

I have read and understand the information provided above. I have the right to discuss any of this information with Dr. Nahal Delpassand and to have any questions I may have regarding my treatment answered to my satisfaction.

I understand that I can withdraw my consent to Telehealth communications by providing written notification to Prepare to Change. My signature below indicates that I have read this Agreement and agree to its terms.

Complaints sent to the Board of Psychologists regarding services delivered through remote or electronic means are being evaluated on a case by case basis. The Board considers the use of remote or electronic means to deliver psychological services as "emerging era". Rule 465.9(e) states "in those emerging areas in which generally recognized standards for preparatory training do not exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect patients, clients, students, research participants, and other affected individuals from the potential for harm."

If you are concerned Dr. Nahal Delpassand has violated your privacy rights, you can call or send a written complaint to her licensing board:

**TEXAS STATE BOARD OF EXAMINERS  
OF PSYCHOLOGISTS**

P.O Box 141369

Austin, TX 78714-1369

Call (512) 305-7700

Toll Free, 24-hour complaint system:

1-800-942-5540

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**Authorized Signature for Client**

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**Date**