

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

INFORMED CONSENT TO TELEPSYCHOLOGY

Telepsychology 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 Telepsychology) 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 Telepsychology 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.

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 Telepsychology 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 Telepsychology, results cannot be guaranteed or assured.

I understand for virtual appointments an email will be sent with invoice and Zoom link the morning of the scheduled appointment. These emails serve as a reminder of the scheduled session with Dr. Delpassand. It is the client's responsibility to keep track of appointment times, check email, and manage their attendance for the appointment. **Dr. Delpassand is not responsible for reaching out to client's when they are late for their session.**

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 \$250.00/\$325.00 fee for all clients.

I further understand that there are risks unique and specific to Telepsychology, 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 Telepsychology 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 Telepsychology 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

Client Print Name

Client Signature

Date

Signature of Parent/Guardian

Date