DR. JEFFREY BERNSTEIN, PH.D.

Licensed Psychologist • Child, Teen, Adult & Family Psychology • Parent Coaching

430 Exton Commons, Exton, PA | 610-804-5078 | drjeff4help@gmail.com

TELEHEALTH INFORMED CONSENT FORM

Client Name: _____ Parent/Guardian (if applicable): _____

Phone Number: _____ Email: _____

Telehealth involves providing psychological services through secure video and/or other electronic communication when the client and psychologist are in different locations. Please read the following information carefully.

1. Nature of Telehealth Services

I understand that Dr. Jeffrey Bernstein may provide psychological services to me through telehealth. A standard appointment is approximately 50 minutes.

I understand that telehealth differs from an in-person appointment because Dr. Bernstein and I will not be physically present in the same room. Although telehealth can be an effective and convenient way to receive psychological services, it may not be appropriate for every person or every clinical situation.

2. Fees and Payment

I understand that the fee for a standard 50-minute telehealth session is $310.00 when paid by Venmo or check.

If payment is made by credit card or PayPal, the fee is $320.00.

Payment is due prior to or at the time services are provided.

3. Cancellation and Missed Appointment Policy

I understand that appointment times are reserved specifically for me. If I need to cancel or reschedule an appointment, I agree to provide as much advance notice as possible.

Same-day cancellations and missed appointments are generally charged the applicable full session fee. Dr. Bernstein may exercise discretion in unusual circumstances or emergencies.

I understand that fees for late cancellations or missed appointments are typically not reimbursable by insurance.

4. Technology and Privacy

I understand that reasonable steps will be taken to protect my privacy and confidentiality during telehealth sessions. However, as with any form of electronic communication, there are potential risks, including technical problems, interruption of service, loss of connection, and the possibility of unauthorized access despite reasonable safeguards.

I agree to participate in telehealth sessions from a location that provides reasonable privacy whenever possible. I understand that I should inform Dr. Bernstein if another person is present or able to overhear the session.

If technological problems significantly interfere with the session, Dr. Bernstein and I may attempt to reconnect, use another appropriate means of communication, reschedule the appointment, or determine another course of action.

5. Client Location

I understand that at the beginning of a telehealth session, I may be asked to confirm my current physical location.

I understand that Dr. Bernstein may only be able to provide psychological services when I am physically located in a state or jurisdiction in which he is legally authorized to practice.

If I plan to participate in a session while traveling or while located in another state or jurisdiction, I agree to notify Dr. Bernstein in advance whenever possible.

6. Emergencies and Crisis Situations

I understand that telehealth is not an emergency service.

If I am experiencing a psychiatric or medical emergency, believe that I may harm myself or someone else, or require immediate assistance, I understand that I should call 911, call or text 988 (the Suicide & Crisis Lifeline), or go to the nearest hospital emergency department.

I understand that if an urgent situation arises during a telehealth session, Dr. Bernstein may take reasonable steps to help protect my safety, including contacting emergency services or an appropriate emergency contact when clinically and legally indicated.

7. Confidentiality

I understand that the same general professional and legal standards of confidentiality that apply to in-person psychological services also apply to telehealth services.

I also understand that confidentiality has legal and ethical exceptions, including circumstances in which disclosure may be required or permitted because of concerns regarding imminent danger, suspected abuse or neglect, or other circumstances required by law.

8. Alternatives and Voluntary Participation

I understand that I may discuss alternatives to telehealth with Dr. Bernstein, including whether in-person services or another form of care may be more appropriate.

I understand that I may ask questions about telehealth at any time and that participation in telehealth is voluntary. Either Dr. Bernstein or I may determine that telehealth is no longer clinically appropriate.

9. Recording of Sessions

I understand that I am free to take personal notes during or after a session. However, audio recording, video recording, screen recording, photographing, or otherwise electronically recording any portion of a session is prohibited unless Dr. Bernstein has provided prior written permission.

Dr. Bernstein will not record telehealth sessions without my knowledge and consent.

10. Questions and Informed Consent

I have had an opportunity to ask questions about telehealth services. I understand the potential benefits, limitations, and risks of receiving psychological services through telehealth, as well as reasonable alternatives.

By signing below, I acknowledge that:

- I have read this Telehealth Informed Consent Form, or it has been read and/or explained to me.
- I understand the information contained in this form.
- I have had an opportunity to ask questions and have had my questions answered to my satisfaction.
- I understand the fees and cancellation policy described above.
- I voluntarily consent to receiving psychological services from Dr. Jeffrey Bernstein through telehealth.

Client/Parent/Guardian Signature: _____

Printed Name: _____

Date_____