

Sandra K. Pinches, PhD
Permission to Use Telehealth Platforms

During the course of the COVID-19 epidemic, I will be providing psychological services via Telehealth exclusively. Telehealth offers many advantages along with some risks. In particular, I am less able to ensure the privacy and confidentiality of communication that is electronically mediated. All digital platforms are vulnerable to covert monitoring by unauthorized persons.

Written messages (e.g., texting and emailing) are especially accessible to unauthorized readers because they are stored on third party servers. Even so, many people want to have access to these convenient forms of communication. **I do not use email or texting to deliver psychotherapy**, but with your permission I do use these methods to arrange and confirm appointments and to have other brief interactions.

If you have questions or personal issues of a sensitive and complex nature to discuss, please contact me to request a time to talk via an audio or video platform.

Please use the checklist below to let me know what electronic methods you are comfortable using for our professional conversations. Write your initials next to the methods you want to use and leave blank the methods you do not want to use.

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Permission to Use Telehealth

I want to use Telehealth to receive psychological services from Dr. Sandra Pinches. I understand that no electronic platform fully protects the privacy of my spoken and written conversations with my psychologist. I understand that I may be waiving some of my rights under federal and state law pertaining to my Protected Healthcare Information. With my initials below I am selecting the methods Dr. Pinches may use to communicate with me.

_____ Phone, audio (Initial to show agreement).

Is it okay to leave messages for you on your voicemail? Please initial: _____yes _____no

_____ Email (Initial if you agree).

_____ Texting (initial if you agree).

_____ Telehealth platforms with video, such as FaceTime or Google Workspace's Meet (initial if you agree).

With my signature below, I give my permission to Dr. Sandra Pinches to evaluate and treat me using the electronic communication platforms I initialed above.

Signature _____ Date signed _____

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