

INFORMED CONSENT CHECKLIST FOR TELEPSYCHOLOGICAL SERVICES

遠距心理服務的知情同意書

Prior to starting video-conferencing services, we discussed and agreed to the following:
在開始線上會議服務之前，我們曾討論過並同意以下事項：

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- 遠距視訊會議有潛在的優勢與風險(如：案主保密的限制)而與面對面有所不同。
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
- 保密原則仍適用於遠距心理服務，且雙方在無對方同意之下不能錄影錄音。
- We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist will explain how to use it.
- 我們同意在遠距晤談時使用特定視訊會議平台，且心理師將負責解釋其使用方法。
- You need to use a webcam or smartphone during the session.
- 在遠距晤談時將需要使用網路攝影機或智慧型手機。
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- 在遠距晤談時，選擇一個安靜、有隱私性的空間以避免干擾(包含手機或其他設備)是很重要的。
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- 使用具保密性的網路而非公共免費 Wi-Fi 連線是重要的。
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the psychologist in advance by phone or email.
- 準時很重要。如果您需要取消或改期這個網路預約，您必須要預先以電話或 email 告知心理師。
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- 如果遇到技術性問題，我們需要有備案(如：能聯絡到您的電話號碼)以重啟晤談或改期。
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- 我們需要制定安全計畫以防遭遇危機情況，包含取得至少一個緊急連絡方式以及離您所在地最近的急診室位置等。

- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telepsychology sessions.
- 如果您還未成年，我們需要您家長或法定監護人的授權(以及他們的聯絡方式)才能讓您使用此遠距心理服務。
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment.
- 您應該與您的保險公司確認是否此遠距晤談可以被核銷；如果他們不給付，則您須要全額給付此晤談費用。
- As your psychologist, I may determine that due to certain circumstances, telepsychology is no longer appropriate and that we should resume our sessions in-person.
- 身為您的心理師，如果我判斷遠距心理服務已經不再合適，我保留在某些狀況下取消遠距心理服務並回歸到面對面晤談服務的權限。

Psychologist Name / Signature:

心理師姓名/簽章：

Patient Name:

案主姓名：

Signature of Patient/Patient's Legal Representative:

案主簽名/法定代理人簽名：

Date:

日期：