

Conlon Psychological Services, PLLC  
Celeste Conlon, Ph.D., Licensed Psychologist, LSSP

77 Sugar Creek Center Blvd, Suite 375  
Sugar Land TX 77478

Office: 281-944-5588  
Fax: 281-265-5127

**Worksheet for Safety Plan  
for Videochat Telemental Health Services**

**Patient:** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Emergency Contact Name</b> (local – business associate, manager of facility, family member present)	<b>Address</b>	<b>Phone</b>
<b>Your current location</b> (name of hotel, for example)	<b>Street Address, City, State, Zip Country</b> if outside the USA	<b>Phone</b> in your room And/or Phone at this location
<b>If outside the USA, Local Police</b>	<b>Address</b>	<b>Phone</b>
<b>If outside the USA, Nearest Hospital</b>	<b>Address</b>	<b>Phone</b>

**RESOURCES:**

VSee Tutorial – One Click Waiting Room for Google Chrome users <https://www.youtube.com/watch?v=9H7qkvQrRRQ&t=214s>

VSee Waiting Room Tutorial for Safari Users <https://www.youtube.com/watch?v=mulKWIsjhxI>

VSee Waiting Room Tutorial for Firefox Users <https://www.youtube.com/watch?v=MWYTptQbaU>

VSee is not recommended for Internet Explorer

## Consent for Telemental Health Services (Telehealth)

I, \_\_\_\_\_, consent to Telehealth Mental Health Services as described above. Dr. Conlon has discussed this information with me. I have had an opportunity to ask questions about this information, and all of my questions have been answered. I understand the written information provided on the previous pages.

### I understand that:

1. I have the option to withhold consent at this time or to withdraw this consent at any time, including any time during a session, without affecting the right to future care or treatment.
2. By my signature, I also agree that
  - a. I will not record any session, including videochat sessions, without informing Dr. Conlon that I am doing so.
  - b. I will turn off all social media, email, messaging apps, other browsers and windows during our session.
3. Privacy policies were signed by me at the beginning of therapy, I was offered a copy, and may have another copy if requested.
  - a. All existing confidentiality protections continue to apply.
  - b. All existing laws regarding patient access to mental health information and copies of mental health records apply.

### Potential benefits of these services:

1. Videochat offers an enhancement over phone appointments because Dr. Conlon and I can see each other while we talk. This allows Dr. Conlon to make a better evaluation of my needs. Many patients report that videochat is more personal than a phone appointment.
2. The service allows me to participate in the therapy I desire, while I meet my responsibilities at work or school, and at home.
3. I can continue regular sessions with Dr. Conlon despite circumstances that prevent my physical presence in her office.
4. Regular contact with Dr. Conlon allows me to receive timely feedback on homework projects or behavior experiments. This regular contact is likely to strengthen motivation to make the changes I desire.
5. Consistent effort, feedback, practice, and problem solving more quickly increases skills, improves accountability for progress, and helps reduce symptoms.
6. Development of skills and management of symptoms helps many patients make better progress on their goals.

### Potential risks of these services:

1. There could be a partial or complete failure of the equipment being used, and this could result in Dr. Conlon's inability to complete the evaluation or therapy session.
2. Any risk associated with communicating over the internet which are outside the control of either myself or Dr. Conlon.
3. I will not have the support of a therapist in the room with me should I become extremely distressed. If I or my child/adolescent should have an urgent mental health need during the session, Dr. Conlon will be required to contact my emergency support person and/or emergency services in my area to assist me.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Celeste Conlon, Ph.D.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Patient Rights:** I understand that I can talk to Dr. Conlon if I am dissatisfied with telehealth or any portion of my treatment. If this does not

resolve the situation, I have received information about contacting TSBEP for additional help, and where to file a complaint if needed.  
\_\_\_\_\_ Patient Initials