

Kathleen McNamara, Ph.D., PLLC

Licensed Psychologist

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Informed Consent for PRE Video Conferencing

1. I understand that Dr. McNamara will engage in video conferencing with me for adult interviews and possibly other aspects of my Parental Responsibilities Evaluation (PRE), including psychological testing, interviews with children and parent-child observations.
2. I understand video conferencing is necessary due to the Coronavirus (Covid-19) pandemic and is for the purpose of minimizing risk of transmission of the virus.
3. I understand that video conferencing has potential benefits including, but not limited to, convenience, such as ease of access and no travel time.
4. I understand that it is my obligation to notify Dr. McNamara of my location at the beginning of each interview. If for some reason, I change locations during the interview, it is my obligation to notify Dr. McNamara of the change in location.
5. I understand that it is my obligation to notify Dr. McNamara of any other persons in my location, either on or off camera and who can hear or see the interview. I will notify Dr. McNamara at the outset of each interview if anyone is present. I understand that I am responsible to ensure privacy at my location.
6. I understand that it is my obligation to ensure that any virtual assistant artificial intelligence devices, including but not limited to Alexa or Echo, will be disabled or will not be in the location where information can be heard.
7. I agree that I will not record, either through audio or video any of the session, unless I notify Dr. McNamara, and this is agreed upon.
8. I understand there are potential risks to using video conferences, including but not limited to, interruptions, unauthorized access, and technical difficulties. I understand some of these technological challenges include issues with software, hardware, and internet connection which may result in interruption.

9. I understand that Dr. McNamara is not responsible for any technological problems of which she has no control over. I further understand that Dr. McNamara does not guarantee that technology will be available or work as expected.
10. I understand that I am responsible for information security on my device, including but not limited to, computer, tablet, or phone, and in my own location.
11. I understand that Dr. McNamara may discontinue the video conference if it is determined that the videoconferencing connections or protections are not adequate for the situation.
12. I understand that I may ask questions concerning the use of video conferencing and Dr. McNamara will discuss the risks, benefits, and any practical alternatives.
13. I understand Dr. McNamara may ask me to provide a scan of the room at the beginning or during interviews so she may observe the room in which the interview is taking place.
14. *Doxy.me* is the secure, HIPAA compliant technology service that Dr. McNamara will use to conduct videoconferencing appointments. No software needs to be downloaded. *Doxy.me* requires access to your camera and microphone. You will receive an email link to enter the “waiting room” until the session begins. There are no passwords or log in required, except to type your name when checking in. If necessary, *Zoom*, *Go-to-Meeting*, or *Facetime* may be used in lieu of *Doxy.me*.

I have read and understand the information provided above regarding video conferencing and hereby give informed consent to use video conferencing and agree to abide by the policies set forth above.

Signature

Printed name

Date