



*Steven Kovner, Ph.D.,  
Licensed Psychologist  
and Director*

## **INFORMED CONSENT**

Welcome to my practice. I am Steven Kovner, Ph.D., a licensed psychologist in Georgia. I have a doctoral degree in School Psychology and additional Clinical Psychology coursework and supervision in adult psychotherapy, marital and sex therapy. I see adults, couples, adolescents and children for assessment and treatment of a variety of personality, emotional, behavioral, and relationship problems.

As a client receiving psychological services, I understand:

- 1 . This service is provided by technology (including but not limited to video, phone, text, and email) and may not involve direct, face to face, communication. There are benefits and limitations to this service. I will need access to, and familiarity with, the appropriate technology to participate in the service provided. Exchange of information will not be direct and any paperwork exchanged will likely be exchanged through electronic means or through postal delivery.
- 2 . If a need for direct, face to face services arises, it is my responsibility to contact this office for a face to face appointment. I understand that an opening may not be immediately available.
- 3 . I may decline any telepsychology services at any time without jeopardizing my access to future care, services, and benefits.
- 4 . These services rely on technology, which allows for greater convenience in service delivery. There are risks in transmitting information over the internet that include, but are not limited to, breaches of confidentiality, theft of personal information, and disruption of service due to technical difficulties. My psychologist and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of technology.
- 5 . In emergencies, in the event of disruption of service, or for routine or administrative reasons, it may be necessary to communicate by other means:
  - a. I understand that the Kovner Center does not provide 24/7 emergency coverage and in the event of an emergency situation I will contact the emergency operator by calling 911, call the National Suicide Prevention Lifeline at 800-273-8255, or go to my local hospital emergency room.
  - b. Should service be disrupted you will not be billed for the service and an attempt will be made to reconnect you with your therapist by calling you on your cell phone to complete the session.
  - c. For other communication, the Kovner Center will only communicate administrative matters with you, such as booking appointments or sending you educational/therapeutic materials that contain none of your private health or mental health information. Since your Email may not be safe and could be subject to hacking or theft, we advise you not to send clinical information over through your email unless you know that it is encrypted and compatible with the HIPAA standards of privacy. If you do send information to me using your email, you assume all responsibility for any breach or theft of your information.

6. My psychologist/therapist will respond to communications and routine messages within 24 hours.
7. It is my responsibility to maintain privacy on the client end of communication. Insurance companies, those authorized by the client, and those permitted by law may also have access to records or communications.
8. My communications exchanged with my psychologist/therapist will be stored in the office located at 4046 Wetherburn Way, Suite 7, Peachtree Corners, Georgia 30092 and kept for 7 years.
9. The laws and professional standards that apply to in-person psychological services also apply to telepsychology services. This document does not replace other agreements, contracts, or documentation of informed consent.

\_\_\_\_\_  
Signature of Client or Legal Guardian (Printed  
name will represent client's electronic signature)

\_\_\_\_\_  
Date