

**Main Line Neuropsychology, PLLC**  
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**CONSENT FOR TELEPSYCHOLOGICAL SERVICES AND PHONE CALLS**

**FOR INTERVIEW, FEEDBACK, TESTING, AND CONSULTATION SESSIONS**

**\*ADDENDUM TO CONSENT FOR EVALUATION AND TREATMENT\***

By signing this Consent form, you: 1) Acknowledge that you will be completing a consultation via phone or video-conferencing, and 2) Consent to phone or video-conferencing instead of a consultation in the office.

By signing this form, you understand that insurance companies typically want services to be performed in the office setting. However, due to certain circumstances, the consultation cannot be performed in the office and is being performed via phone or video-conferencing.

By signing the form, I also understand the following:

-There are potential risks of video-conferencing, as there may be limits to patient confidentiality with others in your home.

-If doing a video-conference, it is important to use a secure internet connection rather than public/free Wi-Fi.

-Confidentiality continues to be necessary; therefore, nobody will record the session without permission from the other person.

-It will be important to be in a quiet, private space during the session.

Please provide your phone number for me to call for phone sessions: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Conservator/Guardian/Legal Representative  
or Signature of Patient if 18 or older

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent/Conservator/Guardian/Legal Representative or Patient if 18 or older

\_\_\_\_\_  
Printed Name of Patient