

# Wayne Psychological Group LLC

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## COVID-19 AND TELEHEALTH SERVICES

**During this emergency, we are able to provide psychotherapy sessions by video telehealth. We have partnered with doxy.me, a HIPPA compliant telehealth platform. Most insurance companies are now covering telehealth. We are encouraging all our patients to use this feature as you shelter in place. To use this feature:**

- You will need to sign an informed consent agreement (below)
- You will need to be in a private place where no one can hear our conversation.
- You will need a secure internet connection rather than public or free Wi-Fi
- You will need a two-way audio-video capable device, such as a smart phone (iPhone, Android or Google) or tablet. You may use a computer if it has a built-in camera or an attached webcam, but our experience shows a smartphone or tablet provides a better virtual experience.
- Please use the headset that came with your phone, or a replacement. It must have a microphone included. Usually the mic is built into the volume buttons on the cord. Without a headset, we are likely to experience some static, or more annoyingly, an echo. This is more a problem on computers than smartphones.
- If you do not have the technology, we can talk on the phone.

### How it works:

- Just prior to your telehealth visit, your psychologist will either text you (preferred) or email you a link to our site at doxy.me.
- Alternatively, you can just enter the link in your browser (Chrome works best) at your scheduled time.
  - For Dr. Gurstelle: <https://doxy.me/drgurstelle>
  - For Dr. Stahl: <https://doxy.me/dreileenstahl>
- From there, enter your first name and follow the instructions. You will enter a virtual waiting room. We will receive notification that you are in the waiting room and will begin the call. Please be patient as it takes a few moments to establish the connection.
- After the call, you have the opportunity to make a payment for your copay, coinsurance, deductible or private pay, if applicable. Please have your credit, debit or healthcare spending account card handy.

**Informed Consent:**

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions.
- Confidentiality still applies for telepsychology services, and nobody will record the session without the permission from the others person(s).
- We agree to use the video-conferencing platform selected for our virtual sessions, and the psychologist will explain how to use it.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- 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.
- 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.
- 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. Our emergency number is 973-831-1303. The closest hospitals are likely to be Chilton Medical Center, St. Joseph's Wayne and Paterson, Valley Hospital, St. Anthony's (Warwick), Newton Medical Center and Morristown Medical Center.
- 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.
- You should confirm with your insurance company that telehealth sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment. Due to Covid-19, most insurance companies have agreed to pay for telehealth.
- 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.

**Psychologist Name:** Circle one: Dr. Emile Gurstelle. Dr. Eileen Stahl

**Signature of Psychologist:**

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

**Signature of Patient/Patient's Legal Representative:**

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

**Your cellphone number** (to text you the link to begin the session): \_\_\_\_\_

**Your email address** (to text you the link if you are using a computer). We also need your email to send you any necessary forms: \_\_\_\_\_

Please print, sign, and return an image of this form to [egurstelle@waynepsych.com](mailto:egurstelle@waynepsych.com) or [estahl26@yahoo.com](mailto:estahl26@yahoo.com). You may also fax the form to 973-527-4409 or mail to the above address.