**Teletherapy Informed Consent Form**

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby consent to engage in teletherapy with

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand that “teletherapy” may include

consultation, treatment, emails, or telephone conversations. I understand that teletherapy also

involves the communication of my medical/mental health information both orally and visually.

I understand that I have the following rights with respect to teletherapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to

 future care or treatment.

2. The laws that protect the confidentiality of my medical information also apply to

 teletherapy. As such, I understand that the information disclosed by me during the course

 of my therapy or consultation is generally confidential. However, there are both

 mandatory and permissive exceptions to confidentiality, which are discussed in detail in

 the general Psychotherapy Services Agreement.

3. I understand that there are risks and consequences from teletherapy, including, but not

 limited to, the possibility, despite reasonable efforts on the part of the therapist, that: the

 transmission of my information could be disrupted or distorted by technical failures; the

 transmission of my information could be interrupted by unauthorized persons; the

 electronic storage of my medical information could be accessed by unauthorized persons;

 and confidentiality cannot be guaranteed.

4. I understand that there are potential risks and benefits associated with any form of

 psychotherapy, and that I may benefit from teletherapy, but the results cannot be

 guaranteed or assured.

5. I accept that teletherapy does not provide emergency services. During our first session,

 the therapist and I will discuss an emergency response plan. If I am experiencing an

 emergency situation, I understand that I can call 911 or proceed to the nearest hospital

 emergency room for help. If I am having suicidal thoughts, or making plans to harm

 myself, I can call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for

 free 24-hour support.

6. I understand that I am responsible for providing the necessary computer,

 telecommunications equipment and internet access for my teletherapy sessions; the

 information security on my computer; and arranging a location with sufficient lighting and

 privacy that is free from distractions or intrusions during my therapy sessions.

I have read, understand and agree to the information provided above.

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Client or guardian signature Date

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Client printed name