

TELETHERAPY CONSENT FORM

Video conferencing is real-time audio and visual technology that enables clinicians to provide mental health services remotely. *Teletherapy* allows for virtual “face-to-face” therapy sessions through a virtual platform that is HIPAA compliant and meets all the standards of encryption and privacy protection. However, please be aware of the limitations to privacy due to the constraints and risks of using technology in this manner.

Risks may or may not include the following: lack of reimbursement by your insurance company, lost Internet connections or delays, or breach of information that are beyond our control. Your therapist will discuss with you limitations as well as the benefits of Teletherapy as it is made available to you.

By completing the document below, you acknowledge said risks and agree that in an emergency situation, you will seek medical care immediately or call 911 for assistance.

Please provide the following information:

Physician or Psychiatrist Name

Telephone Number

Family Member & Relation

Telephone Number

Printed Name of Client

Telephone Number

Signature of Client

Date