Informed Written Consent for Teletherapy

Agreement:

I understand that teletherapy involves the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider and hereby consent to receiving counseling services provided to me via teletherapy over a secure video conferencing platform.

I understand that the laws that protect privacy and the confidentiality of my medical information also apply to teletherapy.

I understand that while teletherapy treatment has been found to be effective in treating a wide range of disorders, there is no guarantee that all treatment of all clients will be effective.

I understand that there are potential risks involving technology, including but not limited to internet interruptions and technical difficulties. I understand that technical difficulties with hardware, software, and internet connection may result in service interruption and that the health care provider is not responsible for any technical problems and does not guarantee that services will be available or work as expected.

I understand that I am responsible for information security on my computer and in my own physical location. I understand that I am responsible for creating and maintaining any necessary usernames or passwords and not sharing them with others. I understand that I am responsible for ensuring privacy at my own location by being in a private location so that other individuals cannot hear my conversation.

I understand that my counselor or I can discontinue the teletherapy services if it is felt that this type of service delivery does not benefit my need

I have read and understood the information provided above regarding teletherapy, have discussed any questions with my therapy provider, and have received satisfactory answers. I hereby gie consent for the use of teletherapy in my care.

| Client 1 Signature | Date | Client 2 Signature | Date |
|-----------------------|------|--------------------|------|
| Print Name | | Print Name | |
| Counselor's Signature | Date | | |