Teletherapy Informed Consent

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**Consent to Participate in Teletherapy**

1. I understand that teletherapy is the practice of delivering clinical health care services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations. In this case, the technology used is a secure video session via doxy-me.
2. I understand that there are both benefits and risks associated with teletherapy, including but not limited to, disruption by technology failures, interruption and/or breaches by unauthorized persons, and/or limited ability to respond to emergencies.
3. I understand that my healthcare provider or I can discontinue the use of teletherapy for therapy sessions if it is felt that the videoconferencing connections are not adequate for the situation.
4. I understand that during a teletherapy session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session. If we are unable to reconnect, please call me to finish the session over the phone.
5. I understand that the privacy laws that protect the confidentiality of my protected health information (PHI) also apply to teletherapy unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental/emotional health as an issue in a legal proceeding).

BY TYPING MY NAME BELOW I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

I Understand & Agree \*



Date \*





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