**INFORMED CONSENT FOR TELETHERAPY AND/OR PHONE SESSIONS**

**Prior to starting Teletherapy and phone services, we agree to the following:**

There are potential benefits and risks of Teletherapy and phone (e.g. limits to patient confidentiality) that differ from in-person sessions. The nature of electronic communication technologies is such that I cannot guarantee that our communication will be kept confidential or that other people may not gain access to our communication. I have made every effort to ensure a HIPAA compliant technology platform, but there is always a risk that our electronic communication may be compromised.

The extent and limits of confidentiality that I have outlined in the Policy and Procedure paperwork still apply in Teletherapy and phone sessions.

Confidentiality still applies for Teletherapy and phone services, and nobody will record the session without the permission from the other person(s). I will maintain written records in the same way that I maintain in-person sessions.

We agree to use GOOGLE MEET for our virtual sessions.

You will need to use a webcam or smartphone during a Teletherapy session. 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 use a secure internet connection rather than public/free Wi-Fi for your Teletherapy session.

If there is a technological failure and we are unable to resume our session, you will only be charged the prorated amount of actual session time.

We agree that in the event of a crisis or emergency, you will call 911 or head to the closest emergency room.

If you are not an adult, we have the permission of your parent or legal guardian (and their contact information) for you to participate in Teletherapy or phone session.

You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment. The same fee rates will apply to Teletherapy and phone sessions, as apply to in-person therapy.

As your therapist, I may determine that due to certain circumstances, Teletherapy or phone sessions is no longer appropriate and that we should resume our session’s in-person.

Therapist Signature: Date:

Client Name: Date:

Signature of Client /Client Legal Representative: Date: