Informed consent for teletherapy sessions

1. I understand that “teletherapy” includes secure videoconferencing, emails, telephone conversations, and education using interactive audio, video, or data communications.
2. Unless I explicitly provide agreement otherwise, teletherapy exchanges are strictly confidential. Any information I choose to share with my therapist will be held in the strictest confidence. My private information will not be released unless I am required to do so by law. In {state} we are required to notify authorities if we become convinced a client is about to physically harm someone, harm themselves, or if they are abusing or about to abuse children, the elderly, or the disabled.
3. I understand that teletherapy services are furnished in the state of {state}, (USA), and the services provided are governed by the laws of that state {province}.
4. I understand that I have the right to withdraw or withhold consent from teletherapy services at any time. I also have the right to terminate treatment at any time.
5. While teletherapy will be conducted primarily through secure and private videoconferencing, I understand that there are always some risks with teletherapy services including, but not limited to, the possibility that: the transmission of your medical information could be disrupted or distorted by technical failures; the transmission of your information could be intercepted by unauthorized persons, and/or the electronic storage of your medical information could be accessed by unauthorized persons.
6. I will work with my therapist to identify an alternative communication method (most often phone) in the event that the videoconferencing tool fails.
7. I understand that I may benefit from teletherapy but that results cannot be guaranteed or assured.
8. I understand and accept that teletherapy does not provide emergency services. If I am experiencing an emergency, I understand that the protocol would be {to 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 may also call the National Suicide Prevention Lifeline at 1- 800-273-TALK (8255) for free 24 hour hotline support.}
9. I will be responsible for the following: (1) providing the computer and/or necessary telecommunications equipment and internet access for your teletherapy sessions, (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy sessions.
10. I agree not to record teletherapy sessions.
11. I have the right to access my medical information and copies of my medical records in accordance with HIPAA privacy rules and applicable state law.
12. I understand that services delivered by my therapist are required by law to take place within the state in which my therapist is licensed, with the exception for crisis consultations or sessions. If I am physically located outside of the state in which my therapist is licensed, I will immediately notify my therapist.
13. If we are concerned about you or we lose contact with you, or if you fail to show for a scheduled videoconference, we will contact you by phone to check on your well-being. In addition, if you are showing signs of being in real trouble, we require that we have permission to contact someone to ensure your safety. We require three levels of contacts:
14. a close personal contact such as a parent or spouse

Personal Contact:

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. professional contact such as a student affairs professional, a residence hall director, or a personal physician

 Professional contact:

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. The office or Agency that does crisis well-being checks in your community (typically a 24-hour crisis service or the police department).

Crisis response: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of client is required below:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_