Fresh Perspectives Counseling
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CONSENT FOR TELETHERAPY

This form is in addition to the regular Client Services Contract and Notice of Privacy Practices for Protected Health Information commonly known as HIPAA. You must read and sign this form to participate in Teletherapy sessions withyour therapist. Teletherapy incorporates phone and/or video counseling. Prior to engaging in Teletherapy an assessment/consultation will be done to assure that Telehealth is an appropriate form of counseling for you.

I _____ (full printed name) understand that Teletherapy allows my therapist to diagnose, consult and treat me using interactive audio, video or data communication regarding my treatment.

_____ (initial here) I hereby consent to participating in psychotherapy via telephone or the internet (hereinafter referred to as Teletherapy) with my therapist.

I understand I have the following rights under this agreement:

- I have a right to confidentiality with Teletherapy under the same laws that protect the confidentiality of my medical information for in-person psychotherapy. Any information disclosed by me during the course of my therapy, therefore, is generally confidential. There are, by law, exceptions to confidentiality, including mandatory reporting of child, elder, and dependent adult abuse and any threats of violence I may make towards a reasonably identifiable person. I also understand that if I am in such a mental or emotional condition to be a danger to myself or others, my therapist has the right to break confidentiality to prevent the threatened danger. Further, I understand that the dissemination of any personally identifiable images or information from the Teletherapy interaction to any other entities shall not occur without my written consent.

- I understand that while psychotherapeutic treatment of all kinds has been found to be effective in treating a wide range of mental disorders, personal and relational issues, there is no guarantee that all treatment of all clients will be effective. Thus, I understand that while I may benefit from Teletherapy, results cannot be guaranteed or assured.

- I further understand that there are risks unique and specific to Teletherapy, including but not limited to, the possibility that our therapy sessions or other communication by my therapist to others regarding my treatment could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons.

- In addition, I understand that Teletherapy treatment is different from in-person therapy and that if my therapist believes I would be better served by another form of psychotherapeutic services, such as in-person treatment, I will be referred to such services by my therapist.

I have read and understand the information provided above. I have the right to discuss any of this information with my therapist and to have any questions I may have regarding my treatment answered to my satisfaction. I understand that I can withdraw my consent to Teletherapy communications at any time by providing written notification to my counselor.

If a situation occurs where we are talking and get disconnected and you are in crisis, you agree to call 911, go to your local emergency room immediately or contact the National Suicide Hotline at 800-784-2433.

If I have concerns about your safety at any time during a phone session, I will need to break confidentiality and call 911 (if located in the same county or emergency services in the area you are located at the time of the call) and/or your emergency contact immediately. Please note that everything you signed on our standard consent agreement, including all the confidentiality exceptions, still applies during phone/video sessions.

My signature below indicates that I have read this Agreement and agree to its terms:

Authorized Signature _____

Full Printed Name _____

Date _____

Please list your main phone number and an alternate phone number in case we get disconnected.

Main Phone # _____

Alternate Phone #_____