

Teletherapy Informed Consent Form

(1) "Teletherapy" includes consultation, treatment, emails, telephone conversations, and other medical information using interactive audio, video, or data communications.

(2) Teletherapy occurs in the state of UT (USA), and is governed by the laws of that state. Both the therapist and client agree to be physically within the state of UT while providing and receiving teletherapy in accordance with state law.

(3) The laws that protect the confidentiality of my medical information also apply to teletherapy. Unless we explicitly agree otherwise, our teletherapy exchange is confidential. I will not include others in the session or have others in the room unless agreed upon.

(4) I accept that teletherapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. I agree to inform my therapist of the physical address where I am located at the time of receiving services in case of emergency.

(5) In the event our teletherapy is not in my best interests, my therapist will explain that to me and suggest some alternative options better suited to my needs.

(6) I understand that not all insurance providers offer reimbursement for teletherapy services and that it is my responsibility to verify my coverage or I become financially responsible for the cost of the session.

(7) I understand there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. I am responsible for information security on my computer.

I have read, understand, and agree to the information above.

Client Name: _____

Client Signature: _____

Date: _____

Parent or Guardian Signature if client is a minor: _____