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TELETHERAPY CONSENT FORM

Dear Client,

Teletherapy is the use of electronic transmission to treat the needs of the client. Both audio and video communication are used for the delivery of therapy when the therapist and client are in different locations.

The applications the providers at Psychological Consultants use for teletherapy are designed to meet encryption criteria for HIPPA compliance. Psychological Consultants does not independently certify the encryption criteria. Therefore, as a teletherapy participant, you agree to release the providers at Psychological Consultants from any liability in the event the teletherapy program is not secure and confidential as reported by the manufacturer.

- 1) While teletherapy has been shown to be effective, if for any reason your therapist or yourself determine it is not in your best interests, you and your therapist can discuss alternatives that may better suit your needs. In addition, teletherapy is not intended for emergency services. By signing this form you agree that if you are in danger of hurting yourself or anyone else, you will call 911 or go to your local emergency room.
- 2) Teletherapy is delivered via your computer or smartphone (please see the form *Teletherapy Instructions*). You will be responsible for meeting your equipment and internet needs (phone, computer, webcam, and secure internet connection). You will need to arrange a location with sufficient lighting and privacy that is free from distractions and sufficient to protect your personal information. If you decide to keep any information, you are responsible for its security and confidentiality.
- 3) There are potential risks from teletherapy including but not limited to disruption of transmission due to technical failure, intrusion of viruses, or information being overheard.
- 4) Session cost will be based upon session charges indicated in *Intake Policies*. Payment can be made by credit card through the office of Psychological Consultants at the time of service.

I have read and understand the above information about teletherapy.

I, _____, agree to participate in teletherapy and I understand that I am encouraged to address any concerns that may arise.

Signature: _____

Date: _____

We look forward to working with you!