

INFORMED CONSENT FOR ONLINE COUNSELING THERAPY

I hereby consent to engaging in online teletherapy services with the providers through Integrated Health and Behavior PLLC. Teletherapy is the delivery of psychological services using interactive audio and visual electronic systems where the clinician and patient are not in the same physical location. I understand that online counseling services include, but are not limited to, consultation, treatment and using interactive audio, video and data communications. I understand that online counseling services involve the communication of my medical/mental health information, both orally and visually, to health care practitioners that are located outside of my location.

I understand that I have the following rights and respect to online counseling services.

1. The laws that protect the confidentiality of my medical information also apply to online counseling services. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder and dependent abuse, and expressed threats of violence towards an ascertainable victim.
2. I also understand that the dissemination of any personally identifiable images or information from the online counseling services to other entities shall not occur and that I will not record any teletherapy sessions.
3. I understand that there are unique challenges that may be specific to telehealth, including but not limited to, the possibility (although extremely unlikely) that our therapy sessions could be disrupted or distorted by technical failures or could be accessed by unauthorized persons.
 - In the event that our telehealth session becomes disrupted, I hereby give my permission to attempt to continue the session via audio-only (telephone). I hereby give my permission to bill for an audio-only session should that be required.
4. I understand that HIPAA confidentiality requirements apply the same for teletherapy as for face to face consultations.
5. Occasionally a counselor may conduct a session via audio-only means (telephone), without attempting telehealth first. I hereby give my permission to bill for this should that be required.
6. I have the right to withhold or withdraw consent at any time.

I have read and understand the information provided above

Signature

Date: _____

Patient _____

Email _____