



Telehealth Psychotherapy Informed Consent

This form is provided as an additional consent and will be added to your file along with your initial paperwork which includes informed consent and practice policies. This form is used when a clinician and client have determined that online counseling is a necessary and supportive service for client's treatment. A discussion about the contents of this form must be conducted in a face-to-face meeting (via video or in-person). Telehealth psychotherapy counseling is the use of technology, like video conferencing software, to provide services at a distance. Your treatment will be provided through interactive audio, video, and/or telephone communication. All aspects of telehealth psychotherapy sessions maintain the same confidentiality of information as in-person therapy.

Benefits & Risks

There are several benefits to using telehealth services. It increases accessibility to treatment, reduces travel time, and allows for participation in therapy from an environment of your choosing. Years of empirical research has established telehealth as a useful and effective mode of healthcare delivery. When using technology, however, there is the risk of security and technical difficulties (e.g., Internet service interruptions, computer or software malfunctions and crashes, etc.). Additionally, technical issues can sometimes limit visual or auditory cues and contribute to miscommunication or misunderstanding. Please know that open, clear, and meaningful communication is one of my highest priorities. Please talk to me about any communication challenges or perceived misunderstandings during our sessions.

Video Recording

No permanent video or voice recordings are kept from our telehealth sessions. To preserve your privacy and confidentiality, it is also advised that you do not record or store videoconference or phone sessions. The dissemination of any personally identifiable images or information, of either client or clinician, from the telehealth interaction to other entities is forbidden without written consent.

Location Awareness

You will be asked to disclose your physical address at the start of each session. This is to fulfill telehealth legal requirements that ensure your safety. Part of this also requires providing an emergency contact above the age of 18, who is willing and able to physically travel to you in case of emergency.

Accept & Sign

By signing this document, I acknowledge that I have been informed about the policies of Sirona Therapy as it relates to telehealth psychotherapy services. I affirm that I have been provided all necessary information about the policies of the practice in order to make a decision to engage in telehealth psychotherapy. My signature also shows my understanding of my rights related to confidentiality, and that I know that I can ask questions at any time about the services I'm receiving, and that I can terminate at any time.

Print
Name: _____

Clinician's
Name: _____

Sign
Name: _____

Date: _____