

Weston PsychCare, P.A.
12401 Orange Drive
Suite 224
Davie, FL 33330
(954) 385-4696

TELETHERAPY CONSENT FORM

I, _____, hereby consent to engage in teletherapy with _____. Teletherapy is a form of psychological service provided via internet technology, which can include consultation, treatment, transfer of medical data, emails, telephone conversations and/or education using interactive audio, video, or data communications. I also understand that teletherapy involves the communication of my medical/mental health information, both orally and visually.

Teletherapy has the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted in person. However, due to the nature of the technology used, I understand that teletherapy may be experienced somewhat differently than face to face treatment sessions.

I understand that I have the following rights with respect to teletherapy:

CLIENT RIGHTS, RISKS AND RESPONSIBILITIES:

1. I, the client, need to be located in the state in which my therapist is licensed. I consent that if I am out of the state jurisdiction of my therapist's licensure, I will inform my therapist.
2. I, the client, have the right to withhold or withdraw consent at any time without affecting my right to future care of treatment.
3. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my treatment or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are described in the general consent form I received at the start of my treatment.
4. I understand that there are risks and consequences of participating in teletherapy, including, but not limited to, the possibility, despite best efforts to ensure high encryptions and secure technology 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.
5. There is a risk that services could be disrupted or distorted by unforeseen technical problems.

6. Teletherapy based services and care may not be as complete as face to face services. If my provider believes I would be better served by another form of services, I will be referred to a professional who can provide such services in my area.
7. I may benefit from teletherapy, but the results cannot be guaranteed or assured. I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my provider, my condition may not improve, and in some cases may even get worse.
8. 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. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800. 273. TALK for free 24 hour hotline support. Clients who are actively at risk of harm to self or others are not suitable for teletherapy services. If this is the case or becomes the case in the future, my provider will recommend more appropriate services.
9. I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy. I am responsible for providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, and arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my session. It is the responsibility of my provider to do the same on his/her end.
10. I understand that dissemination of any personally identifiable images or information from the teletherapy interaction to researchers or other entities shall not occur without my written consent.

I have read, understand, and agree with the information provided and hereby consent to teletherapy with my above named provider.

Client Signature (Legal Custodian in Case of Minor Client)

Date
