

## Teletherapy Informed Consent Form

- 1) “Teletherapy” includes consultation, treatment, emails, telephone conversations, and other medical information using interactive audio, video, or data communications. It’s also often known as “on-line counseling.”
- 2) Teletherapy occurs in the state of NC (USA), and is governed by the laws of that state. In a manner of speaking, I am using this modality to visit my therapist in their NC office, where we meet to do our work.
- 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.
- 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 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. If I decide to keep copies of our e-mails or communication on my computer, it’s up to me to keep that information secure.
- 7) I understand that during a teletherapy session, we could encounter technical difficulties resulting in service interruptions. If this occurs, end and restart the session, and/or attempt to switch to audio-only on Skype. If this doesn’t work, we can shift to FaceTime if able. If none of this works, Rachel will call you and the session will have to continue as a telephone session.
- 8) I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- 9) Emergency Protocols:  
I need to know your location in case of an emergency. If you are not at the address you provided me with in your intake paperwork, you agree to inform me of the address where you are at the beginning of your session. I will contact your listed Emergency Contact on your behalf in a life- threatening emergency only. This person will only be contacted to go to your location and/or take you to the hospital in the event of an emergency.

A. Rachel Weiss, MSW, LCSW  
PSYCHOTHERAPY | TRAUMA RECOVERY | EMDR & SENSORIMOTOR

- While teletherapy is a great way to get help with many of life's problems, overwhelming or potentially dangerous challenges are best met with face-to-face professional support. I understand that our teletherapy is neither a universal substitute, nor the same as, face-to-face psychotherapy treatment. I accept the distinctions made using teletherapy vs. face-to-face psychotherapy.
- **Before commencing Teletherapy, I have thoroughly considered all of the above, I have obtained whatever additional input and/or professional advice I deemed necessary or appropriate to participating in Teletherapy. By my signature below, I hereby consent to receiving Teletherapy. My signature on this Acknowledgement and Consent is free from pressure or influence from any person or entity.**

**Patient Name** \_\_\_\_\_  
(Printed Clearly)

**Patient Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Therapist's Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_