

Teletherapy Informed Consent Form

Please initial each paragraph in the space provided indicating that you have read and understood the content of that paragraph.

Definition of Services: I hereby consent to engage in teletherapy with Cindy White, LCSW. Teletherapy is a form of psychological service provided via secure 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/or visually.

Initial _____

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

Initial _____

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

Client's Rights, Risks, and Responsibilities:

1. I, the client, need to be a current resident of the State of Utah. If I will not be residing in Utah during teletherapy treatment, I will need to inform my therapist, Cindy White, of this so that she can establish the laws/ rules pertaining to "therapist visitor" status in my state.

Initial _____

2. I, the client, have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

Initial _____

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 therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse or expressed threats of violence towards an ascertainable victim.

Initial _____

4. I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite best efforts to ensure high encryption 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.

Initial _____

5. There is a risk that services could be disrupted or distorted by unforeseen technical problems.

Initial _____

6. I understand that I may benefit from teletherapy, but that 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 therapist, my condition may not be improve, and in some cases may even get worse.

Initial _____

7. 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 (8255) 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 future, my therapist will recommend more appropriate services.

Initial _____

8. 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 (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session. It is the responsibility of my therapist to do the same on her end.

Initial _____

9. I understand that dissemination of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without my written consent.

Initial _____

I have read, understand and agree to the information provided above:

Client's Signature: _____ Date: _____

Therapist's Signature: _____ Date: _____