

Edmondson Counseling Services, PC

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www.okpeaceofmind.com

Teletherapy Informed Consent Form

I, _____ hereby consent to engage in teletherapy sessions with a practitioner from Edmondson Counseling Services, PC. I understand that "teletherapy" includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my medical/behavioral information, both orally and visually.

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

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care of treatment.
2. 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, which are discussed in detail in the general Informed Consent agreement.
3. I understand that there are risks and consequences from teletherapy, including, but not limited to the possibility, despite reasonable efforts on the part of the practitioner that: 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.
4. In addition, I understand that teletherapy based services and care may not be as complete as face to face services. I also understand that if my practitioner believes I would be better served by another form of therapeutic services (e.g. face to face services) I will be referred to a professional who can provide such services in my area. Finally, 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 practitioner, my condition may not be improved, and in some cases may even get worse.
5. I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured.
6. 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 emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Hotline at 1-800-273-TALK (8255) for free 24 hour support.
7. I understand that 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.

8. I understand that while email may be used to communicate with my practitioner, confidentiality of emails cannot be guaranteed.
9. I understand that I have a right to access my medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law.

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

Client (or Guardian) Signature

Date

Printed Name

E-mail

() _____
Phone