



Teletherapy Informed Consent Form

I, _____ (client), hereby consent to engage in teletherapy with Peter Lear, LCSW, RYT (therapist). I understand “teletherapy” includes consultation, treatment, transfer of medical data, emails, telephone conversation, and education using interactive audio, video, or data communications. I understand teletherapy also involves communication of my medical/mental information, both orally and visually.

I understand 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 or treatment.
2. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are mandatory and permissive exceptions to confidentiality, which are discussed in detail in the Informed Consent and Mandatory Disclosure Statement I received with this consent form.
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 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.
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 therapist believes I would be better served by another form of therapeutic services (e.g., face-to-face services) that is not possible, 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 therapist, my condition may not improve, 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. During our first session, my therapist and I will discuss an emergency response plan. 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.
7. I understand that I am responsible for (1) providing the necessary internet-enabled device, telecommunications equipment, and internet access for my teletherapy sessions; (2) the information security on my internet-enabled device; 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 and texting may be used to communicate with my therapist, confidentiality of emails and texts 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's) Signature

Date

Printed Name