



## Video (Online) Therapy Informed Consent Form

I, \_\_\_\_\_, hereby

consent to engage in online therapy with \_\_\_\_\_. I understand that “online therapy” includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that online therapy also involves the communication of my medical/mental information, both orally and visually. The program that is used for all sessions is HIPAA compliant to ensure confidentiality in transmission of information online.

I understand that I have the following rights with respect to online therapy:

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 online therapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is confidential. However, there are both mandatory and permissive exceptions to the confidentiality, which are discussed in detail in the Therapy Information & Disclosure Form.
3. I understand that there are risks and consequences from online therapy, including, but not limited to, the possibility, despite reasonable efforts on the part of the 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 online-therapy-based services and care may not be as complete as face-to-face services. I also understand that if the therapist 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. Therapist will rely on information provided by me as the client and by any onsite practitioners or other services.
5. I accept that online therapy does not provide emergency services. During our first session or prior, the therapist and I will discuss an emergency response plan. If I am Updated 9/14/16 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.

(continued)

6. I understand I am responsible for (a) providing the necessary computer, telecommunications equipment and internet access for my online therapy sessions, (b) the information security on my computer, and (c) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my online therapy session.

7. I understand that while email may be used to communicate with my therapist, confidentiality of emails cannot be guaranteed.

8. I understand I have a right to access my medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law.

9. I understand that disclosure of the location where I choose to conduct online therapy is required and if the location changes, it is the client's responsibility to notify the provider to ensure compliance with state regulations. This is in place to ensure the appropriate emergency contacts/providers are accessible in the event of an emergency. I have read, understand, and agree to the information provided above.

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Client or Parent Signature(s)

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Date

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Printed Name(s)