



## Teletherapy Agreement and Informed Consent

I, \_\_\_\_\_ consent to engage in teletherapy with Finding Peace Counseling. I understand that teletherapy is a form of mental health therapy which includes consultation, treatment/therapy, transfer of medical data, emails, telephone conversations and/or education using interactive video, audio, and/or data communication. I also understand that teletherapy involves the communication of my medical/mental health information both orally and/or visually.

I understand that I am responsible for providing the necessary equipment and internet access for teletherapy sessions, securing or encrypting protective health information shared or stored on my equipment, and arranging a location with sufficient lighting and privacy that is free from distraction or intrusions for teletherapy sessions. I understand there is a risk that services could be disrupted or distorted by unforeseen technical problems.

I understand that teletherapy is strictly confidential. Finding Peace Counseling will not release my information to anyone without my consent unless we are required to do so by law. Per Florida law and licensing board requirements, We (Finding Peace Counseling) are required to notify authorities if we feel you are going to cause physical harm to someone else or if you are suicidal. We are also required by law to report if we feel that you (the client) are abusing or about to abuse children, the elderly, or the disabled. I understand that if I am under the age of 18, and I state that I have been abused or if there is suspicion of abuse, that we will file a child abuse report.

I understand I have the right to terminate or withhold consent from teletherapy services at any time.

Despite reasonable efforts on the part of Finding Peace Counseling and me, the client, I understand there are risks and consequences with teletherapy services including, but not limited to, the following: technical failures causing disruption or distortion of information/therapy session; unauthorized access of my medical information due to interception of information stored on my equipment and/or interception during therapy session (aka "hacking").

I understand that teletherapy based services and care may not be as complete as traditional face to face services and may be experienced differently than face to face sessions. While teletherapy is a great way to get help with many issues/problems, overwhelming and potentially dangerous challenges are best met with face to face professional support. I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured.

I accept that teletherapy cannot be used for emergency services. If you are experiencing an emergency, call 911 or go to the nearest emergency room. If you are having suicidal thoughts, call 911 or the National Suicide Prevention Lifeline at 1-800-273-8255.

I have read, understand, and agree to the information provided in this document.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist Signature: \_\_\_\_\_ Date: \_\_\_\_\_