

# Psychotherapy Practice of Deborah S. Green-Lauber, LISW-S

## Teletherapy Consent Form

I, \_\_\_\_\_ hereby consent to engage in teletherapy with Deborah S. Green-Lauber, LISW-S. Teletherapy is a form of psychotherapy provided via technology-assisted media, which can include consultation, treatment, transfer of medical data, emails, telephone conversations/sessions, using interactive audio, video or data communications. I understand teletherapy involves communication by electronic means between a practitioner and a client, in two different locations.

I understand the following with respect to teletherapy:

- 1) I, the client, need to be a resident of Ohio and located in Ohio during the session (except under national health crisis).
- 2) I, understand that I have the right to withdraw consent at any time without affecting my right to future care.
- 3) I understand that there are risks and consequences associated with teletherapy, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentiality by unauthorized persons, and/or limited ability to respond to emergencies.
- 4) I understand that there will be no recording of any of the online sessions by either party. All information disclosed within sessions and written or electronic health records pertaining to those sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.
- 5) I understand that the privacy laws that protect the confidentiality of my (PHI) also apply to teletherapy unless an exception to confidentiality applies (i.e. mandatory reporting of child, elder, or vulnerable adult abuse; danger to self or others; I raise mental health as an issue in a legal proceeding).
- 6) I understand that teletherapy does not provide emergency services. If I am experiencing a crisis, I can go to my nearest ER. I also understand if I am in crisis, it may be determined that teletherapy services are not appropriate and a higher level of care is required.
- 7) I understand that during a teletherapy session, we could encounter technical difficulties resulting in service interruptions.
- 8) I understand there is a risk to being overheard during teletherapy. I am responsible to provide a private place for my teletherapy session.
- 9) I understand that my therapist may need to contact my emergency contact and/or appropriate authorities in case of an emergency. I understand I need to provide contact and location information prior to our teletherapy sessions.

Emergency Contact: Name/Ph: \_\_\_\_\_

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

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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