



TELETHERAPY INFORMED CONSENT

Client Information

Client Name: _____

Date of Birth: _____ Age: _____

Parent/Guardian Name(s) if minor: _____

Address: _____

Phone Number: _____

Email Address: _____

1. Nature of Teletherapy

Teletherapy involves the delivery of mental health counseling services using electronic communications, including secure video conferencing platforms. Sessions may include assessment, treatment planning, psychotherapy, consultation, and education.

The therapist will use a HIPAA-compliant platform whenever possible.

2. Risks and Benefits

Potential Benefits

- Increased access to mental health services
- Convenience and flexibility
- Reduced travel time
- Continuity of care

Potential Risks

- Technology interruptions or failures
- Unauthorized access despite security measures
- Reduced ability to observe nonverbal communication
- Emergency situations may be harder to address remotely

3. Confidentiality

Confidentiality protections that apply to in-person therapy also apply to teletherapy services, except where disclosure is required by law, including:

- Suspected abuse or neglect of a child or vulnerable person
- Threats of harm to self or others
- Court orders or legal requirements

Parents/guardians understand that minors may be afforded some degree of therapeutic privacy depending on the child's age, clinical needs, and state law.

4. Parent/Guardian Responsibilities (if minor)

The parent/guardian agrees to:

- Provide consent for the minor to participate in teletherapy
- Ensure the minor has access to a private, quiet space
- Ensure stable internet and appropriate technology
- Be reachable during sessions in case of emergency
- Provide accurate emergency contact information

5. Emergency Procedures

Teletherapy is not appropriate for emergencies.

If the therapist believes the minor is at immediate risk of harm, the therapist may:

- Contact a parent/guardian
- Contact emergency services (911)
- Contact local crisis response services

At the beginning of each session, the parent/guardian or minor may be asked to confirm their physical location.

6. Technology and Security

While reasonable efforts will be made to protect privacy, electronic communications can never be completely secure. The therapist cannot guarantee absolute confidentiality due to risks such as hacking, service interruption, or unauthorized access.

Recording sessions by either party is prohibited unless explicitly agreed upon in writing.

7. Consent for Treatment

By signing below, the undersigned acknowledge that:

- They have read and understand this consent form
- They have had the opportunity to ask questions
- They voluntarily consent to teletherapy services for the minor
- They understand they may withdraw consent at any time

Signatures

Parent Guardian:

Name: _____

Signature: _____

Date: _____

Minor Client (if appropriate):

Name: _____

Signature: _____

Date: _____

Therapist:

Name: _____

Signature: _____

Date: _____