



Informed Consent for Teletherapy Services

I hereby consent to engage in teletherapy services with Living Water Therapy with full understanding of the following:

- Teletherapy includes consultation, treatment, transfer of personal/health information, emails, phone conversations and education using interactive audio, video and data communications. I realize that the security of my email transmissions cannot be assured.
- I have a right to confidentiality and teletherapy under the same laws that protect the confidentiality of my personal/health information for in-person psychotherapy. Any information disclosed by me during either my office-based psychotherapy or my remote teletherapy, therefore, is confidential.
- There are, by law, exceptions to confidentiality including, but not limited to, reporting child, elder and dependent adult abuse; expressed threats of violence toward an ascertainable victim; my own mental or emotional state informing a clear danger to myself or others; where I make my mental or emotional state an issue in a legal proceeding; and where otherwise required by law.
- There are unique risks specific to teletherapy services including, but not limited to, the possibility of disruption, distortion or unauthorized access during transmission of personal information due to internet/electronic/technical failures beyond the control of Living Water Therapy. The www.doxy.me telemedicine video conferencing platform is HIPPA and HITECH compliant for privacy/security, and **I will visit it for instructions prior to initiating teletherapy.**
- I may benefit from teletherapy but that results cannot be guaranteed or assured, and that Living Water Therapy may decide to discontinue teletherapy in favor of another treatment modality, therapeutic strategy or termination of treatment with referral.
- Should I ever need emergency mental health care or am considering self-harm, I understand that I can call **911, 988, 1-800-273-8255 or proceed to the nearest hospital emergency room.** I will also provide the following emergency contact to my therapist: (Name) _____, Phone: _____.
- I am solely responsible for the privacy and confidentiality in my surrounding environment while engaged in teletherapy and will exercise appropriate privacy measures. I also understand that I have a right to withhold or withdraw consent at any time without affecting my right to future care or treatment. I hereby decline receipt, at this time, of the short-form HIPPA Privacy Notice but may request a copy at any time.
- Teletherapy access is by appointment only as initiated by my therapist.
- I am responsible to promptly make payment for each session.

My signature below attests to my understanding and acceptance of the above terms and conditions.

_____ Date: _____