



ES Counseling

Assisting Through Life's Transitions



Telehealth Counseling Agreement

By engaging in Telehealth or Online Therapy with _____, you agree to the following:

- You are 18 years or older.
- You are a legal resident of Florida.
- You have completed the initial paperwork and have returned it signed. This includes the Privacy Practices, the Financial Policy, and the Intake form.
- You understand online sessions may not be reimbursed by insurance and you will be charged the standard hourly rate payable by credit card.
- You are the authorized user of the credit card or have the owner's permission.
- You are not under the influence of drugs or alcohol during sessions.
- You are not seeking emergency treatment, substance abuse treatment and do not suffer from a thought disorder or traumatic brain injury.
- You are the only person present during online sessions unless otherwise arranged.
- If the issue you are concerned about would be better discussed in person, you may set up an appointment at the office.
- You are aware that by agreeing to participate in Telehealth or Online Therapy, there is no way to have entire confidentiality on the web. This is due to the use of a third party communication and other technological factors.
- You have access to high speed internet, audio (earphones or speakers) in a private environment to conduct sessions or your session will be cancelled and you will be financially responsible for the session. Public access wi-fi is not sufficient.
- If you are abusive, threatening, harassing, and/or sexually inappropriate in your interactions with the counselor, she can stop services and will offer you referrals. By signing, I agree to the terms above

Client _____ Date _____

Emergency Contact _____ Phone _____