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Mental Health Counseling
EAP Services

Marital and Family Counseling
Consultation

March 2021

TELETHERAPY CONSENT FORM

I consent to do therapy sessions by teletherapy by Zoom, or Skype, or Google Duo or FaceTime (please circle preferred platform)

Signed: _____ **Date:** _____
Client signature

Signed: _____ **Date:** _____
Client signature

Signed: _____ **Date:** _____
Therapist signature