

# Best Life Therapy

## INFORMED CONSENT FOR TELEMEDICINE SERVICES

I understand that telemedicine is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to Best Life Therapy providing health care services to me via telemedicine. I also understand that I can only participate in therapy when I am physically located in the state in which my therapist is licensed. If I am planning to go out of state, I agree that I will not schedule sessions and I will reschedule them if I have to take an unexpected trip out of state.

I agree to do my best to ensure that we are in a private location for my therapy session. If others are available in the room I am having a session in and could hear the session, by moving forward with a session, I am agreeing to proceed knowing that others may hear. It is my responsibility to notify the therapist if there are other participants nearby who are listening to the session.

Under no circumstances are sessions to be recorded. We agree that we will not record you and we require clients to demonstrate the same level of respect. This policy protects your privacy and ensures that neither party will do any recording. Some therapists use AI and record therapy sessions. Best Life Therapy does not and will not ever do that. It is expected that the audio and video feature are enabled during teletherapy and clients remain in view of the camera. Therapists need to be able to monitor facial expressions and it is important that they see you to have a session.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine.

I hereby authorize Best Life Therapy to use any HIPAA-compliant platform as a means for providing psychotherapy remotely.

I further attest that since I have chosen this form of communication, I have been advised that it may not be covered by my insurance company and that I am responsible for any fees incurred during psychotherapy which incorporates telecommunication. I realize that some insurance companies will cover teletherapy and some will not and that their rules about this are subject to change. Your therapist will try to stay informed about this but ultimately it is up to the client to know if the type of session is covered. Medicare, for example, decided that they will now require one in-person session per year for all of their members. Best Life Therapy has no control over those types of changes.

I understand that I may revoke this authorization at any time by giving written notice, except to the extent Best Life Therapy has already taken action in reliance on it. I may specify the date, event, or condition on which this consent expires. If none is stated, and if no prior notice of revocation is received, this consent will expire one year after the date it was initiated.

I AM AGREEING THAT I HAVE READ, UNDERSTOOD AND AGREE TO THE ITEMS CONTAINED IN THIS DOCUMENT.

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Signature

Date