



Tele-Therapy Disclosure

I hereby consent to engage in tele-therapy with Counseling with Care. I understand tele-therapy involves the communication of my medical/mental information, both orally and visually over an electronic device. I also understand that if insurance does not pay for this service, I will be charged a fee. I understand I have the following rights with respect to tele-therapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

2. The laws that protect the confidentiality of my medical information also apply to tele-therapy. As such, I understand the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the general disclosure statement I received at my first counseling visit.

3. I understand there are risks and consequences from tele-therapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist that the transmission of my information could be disrupted or distorted by technical failures also the transmission of my information could be interrupted by unauthorized persons.

4. In addition, I understand that tele-therapy based services and care may not be as complete as face-to-face services. Also, I understand that there are potential risks and benefits associated with any form of psychotherapy, and despite my efforts and the efforts of my counselor, my condition may not improve.

5. I understand I am responsible for providing the necessary computer, telecommunications equipment and internet access for my tele-therapy sessions. I also understand it is best to have a location with sufficient lighting and privacy that is free from distractions or intrusions.

6. I understand I have a right to access my medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law. I have read, understand and agree to the information provided above.

Client (or Guardian's) Signature: _____

Date: _____

Client Name (please print): _____