

## Telehealth Consent Form

Telehealth allows my therapist to diagnose, consult, treat and educate using interactive audio, video or data communication regarding my treatment. I hereby consent to participating in psychotherapy via telephone or the internet (hereinafter referred to as Telehealth) with the clinician listed below:

Client:

Clinician: JANET A. SULLIVAN, MS, LCPC

I have a right to confidentiality with Telehealth under the same laws that protect the confidentiality of my medical information for in-person psychotherapy. Any information disclosed by me during the course of my therapy, therefore, is generally confidential.

I understand that telehealth has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.

I further understand that there are risks unique and specific to Telehealth, including but not limited to, the possibility that our therapy sessions or other communication by my therapist to others regarding my treatment could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons. In addition, I understand that Telehealth treatment is different from in-person therapy. If my therapist believes I would be better served by another form of psychotherapy service, such as in-person treatment and is not able to provide such service, I will be referred to a service provider(s) in my geographic area that can provide such services.

I understand I am responsible for creating a safe and confidential space during Telehealth sessions. I should use a space that is free of other people. It should also be difficult or impossible for people outside the space to see or hear my interactions with my therapist during the session.

I understand that I can withdraw my consent to Telehealth communications by providing written notification to my therapist.

I have read and understand the information provided above. I have the right to discuss any of this information with my therapist and to have any questions I may have regarding my treatment answered to my satisfaction.

My signature below indicates that I have read this Agreement and agree to its terms.

X

---

CLIENT