**Teletherapy Consent Form**

Teletherapy refers to the provision and receipt of consultation, therapeutic services and the storage or transfer of medical information via interactive audio, video or data communication. In addition to all policies outlined in Julie Paquette’s Treatment Agreement document, the following disclosures and policies apply specifically to teletherapy services offered to you.

By signing this document, you are acknowledging and consenting to the following:

* Unless we agree otherwise, our Teletherapy exchange is strictly confidential.
* I am responsible for the confidentiality of my own environment. I will make sure that I am in a quiet and private space and do my best to minimize distractions.
* My counselor is licensed only in the state of Massachusetts and Maine and as such, can only provide teletherapy to clients currently residing and located in Massachusetts and Maine. I attest that I am a Massachusetts or Maine resident and will be located in Massachusetts or Maine while services are rendered.
* I understand that while all possible precautions are being taken by my therapist to ensure my privacy and confidentiality, there are inherent risks when using online technology including, but not limited to, the possibility that my communications and/or the electronic storage of my information could be interrupted or accessed by unauthorized persons. I also understand I am responsible for the security of any information stored on my end.
* I understand that there are limits to the scope of confidentiality when my information must be shared including:
	+ Threats of serious or foreseeable harm to myself or others
	+ Reasonable suspicion of abuse, neglect or exploitation of a child, elderly or disabled person, or animal
	+ A court order to release information
	+ When voluntarily requested by me
* If a video session should shut down, my therapist will attempt to start a new meeting. If a technological issue prevents the meeting from restarting, I will call my therapist immediately. If the issue is on my counselor’s end, my session will take place over the phone or can be rescheduled. Should a disruption occur at a time of crisis, I will call 911 or go to my local emergency room.
* I understand that while therapeutic treatment has been found effective in improving a wide range of mental disorders, personal and relational issues, there is no guarantee that all treatment of all clients will be effective. Thus, I understand that while I may benefit from teletherapy, results cannot be guaranteed.
* I understand I have the right to terminate my consent for teletherapy at any time, for any reason without fear of repercussion. If I terminate my consent for teletherapy, I agree to work with my therapist to come up with a new plan for continued care.

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Client/Parent Signature Date