Consent For Teletherapy

I understand that there may be times when it is clinically appropriate to have sessions via teletherapy. I hereby consent to engage in teletherapy with Samantha Wakach. I understand that “teletherapy” includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my medical/mental health information, both orally and visually. If your insurance does not cover a teletherapy session, **you will be responsible for the cost of the session.**

I understand that I have the following rights with respect to teletherapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future treatment.
2. The laws and professional standards that apply to in-person behavioral services also apply to telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.
3. I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Samantha Wakach, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
4. In addition, I understand that teletherapy-based services and care may not be as complete as face-to-face services. I also understand that there are potential risks and benefits associated with any form of psychotherapy.
5. I accept that teletherapy does not provide emergency services. If I am experiencing an emergency situation, having suicidal thoughts or making plans to harm myself, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. I can call the Crisis Line in my area or the National Suicide Prevention Lifeline at 1.800.273.TALK
   (8255) for free 24-hour hotline support.
6. I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session.

- To use the service, you must either have access to a smart phone or a computer with internet service and Chrome or Firefox browser and download the Zoom

video conferencing app or access the site https://www.zoom.com/ on your browser. In order to participate in a video session, you must be in Washington State at the time of session.

- In order to ensure your privacy and the confidential nature of a therapeutic relationship, only you can participate in video sessions. No one else can be in the room with you and it must be an area where you cannot be overheard. It is not permissible to record sessions without the express permission of all parties.

I have read, understood and agreed with the information provided above.

Client name: *

Date *

Signature *