

Informed Consent for TeleHealth Therapy

The following telehealth therapy information is provided to you. Please read this document carefully and note any questions you would like to discuss.

Client's Rights

- You have the right to decide to end our psychotherapy work at any time without prejudice. If you wish, I will provide you with the names of other qualified therapists.
- You have the right to ask any questions about procedures used during therapy. If you wish, I will explain my usual method of psychotherapy practices with you.
- You have the right to refuse the use of any therapeutic technique.
- Telehealth therapy is appropriate for all clients except for those who are currently experiencing suicidal ideation or altered mental status. Should telehealth therapy not be a good fit for you, I will assist you in finding alternative options.

Benefits and Risks

Telehealth refers to psychotherapy services that occur via phone, email, or synchronous video conferencing. All of our interactions will fall under this term. When using technology there is always the risk of security issues, as well as technical issues (phone not charged, computer or software not working, etc.). You will develop an individualized plan for how best to address technical issues that may arise and will take steps to facilitate the security of interactions with your therapist. In addition to the identified risks, there are several benefits that come from using technology. For instance, it allows therapists to connect with people who may otherwise not be able to access services, there is an opportunity for more flexibility in scheduling, and convenience in being able to connect from a space of your choosing. In order to protect your confidentiality and to facilitate the security of your information as much as possible, here is a list of recommendations:

- Engage in sessions in a private location where you cannot be heard by others.
- Use a private phone.
- Do not record any sessions.
- Always log out or hang up once sessions are complete

Emergency Management Plan

In the event of an emergency, please identify a nearby emergency hospital and an emergency contact person. These all need to be filled out to participate in telehealth therapy.

Hospital Name/Phone number: _____

Contact person/phone number: _____

Authorization for Treatment

I, _____, authorize evaluation and treatment from **Cynthia T McCoy** **MS LPC**. I acknowledge it is agreed that either of us may discontinue treatment at any time.

Signature _____ Date _____