



## Teletherapy Policy and Consent

I hereby consent to engaging in online counseling services with the therapist I am working with at Indigo Counseling Center. Teletherapy services may be engaged in situations such as :

1. Weather that causes hazardous driving conditions.
2. Illness or medical treatment that makes it difficult for in-person sessions.
3. Loss of transportation or difficulty making it to in-person appointments.
4. Travel that causes consecutive weeks of missed appointments.

### **Patient Confidentiality, Privacy and Safety**

Teletherapy is provided through a HIPAA compliant online service to protect client's privacy. The therapist will use a secure online service and will interact with client from a private location. The client will also be responsible for ensuring a private setting on their end for the therapy.

All information during the teletherapy session is confidential and protected. Similar to in-person therapy, however, there are limits to confidentiality. These limits include reporting child or vulnerable adult abuse, expressing imminent harm to oneself or others, or as required by a court of law.

I understand that despite using a privacy protected service, there are still breach of privacy risks such as: the transmission could be disrupted or distorted by technical failure, the transmission could be interrupted by unauthorized persons.

Teletherapy sessions will not be recorded or videotaped by the therapist or client. For privacy reasons, I agree not to record or videotape any therapy sessions.

I agree to let my therapist know the address I am located at in case of an emergency situation arising such as ill health, or mental health distress.

**Billing and Cancellations**

Teletherapy is billed as a regular appointment. It is billable to insurance or private pay rates apply. 24-hour cancellation notice is required. \$100.00 no show, \$85.00 late cancel (less than 24 hours) are assessed to client.

**Discontinuation of Teletherapy Services**

Teletherapy services may be discontinued by the therapist or client. The therapist may decide that the client would be better served by in-person sessions. The client may also discontinue services. Services may be discontinued if privacy or confidentiality are not established, or if technical issues interfere with communication.

I have the right to discuss any of this information with my therapist and to have any questions I may answered to my satisfaction.

I have read and understand the information provided above. My signature below indicates I have read this agreement and agree to its terms.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Therapist Signature**

\_\_\_\_\_  
**Date**