Consent for Telehealth Sessions

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1. I understand that my Therapist recommends engaging in telehealth services with me to provide or continue to provide treatment.

2. This Therapist uses a HIPPA compliant platform designed for Medical Professions. This platform will implement state of the art security and encryption protocols to assure that data integrity and privacy is maintained, and as a result, it complies with HIPAA standards. My Therapist has discussed the use of this platform. Prior to each session, I will receive an email link to enter the "waiting room" until the session begins. There are no passwords or log in required.

3. I understand that it is my obligation to notify my Therapist of my location at the beginning of each treatment session.

4. I understand that I am responsible to ensure privacy at my location.

5. I understand that it is my obligation to ensure that any virtual assistant artificial intelligence devices, including but not limited to Alexa or Echo, will be disabled or will not be in the location where information can be heard.

6. I agree that I will not record either through audio or video any of the session, unless I notify my Therapist and this is agreed upon.

7. I understand there are potential risks to using telehealth technology, including but not limited to interruptions and technical difficulties. I understand some of these technological challenges include issues with software, hardware, and internet connection which may result in interruption.

8. I have had a conversation with my Therapist, during which time I have had the opportunity to ask questions concerning services via telehealth. My questions have been answered, and the risks and benefits have been discussed with me.

9. If I apply for insurance reimbursement, I understand that it is my responsibility to check with my insurance provider regarding telehealth coverage.

I have read and understand the information provided above regarding telehealth, have discussed it with my Therapist and I hereby give informed consent to the use of telehealth sessions.

_____	_____	_____
Client Signature	Printed Name	Date