

KELSEY VINCENT PSYCHOTHERAPY

Marriage and Family Therapist Candidate, #MFTC.0013843

TELETHERAPY CONSENT FORM

Definition of Services:

I, _____, hereby consent to engage in teletherapy with Kelsey Vincent, MFTC. Teletherapy is a form of psychological service provided via internet technology, which can include consultation, treatment, transfer of medical data, emails, telephone conversations, and/or education using interactive audio, video, or data communications. I also understand that teletherapy involves the communication of my medical/mental health information, both orally and/or visually.

Teletherapy has the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted in person. However, due to the nature of the technology used, I understand that teletherapy may be experienced somewhat differently than face-to-face treatment sessions.

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

Client's Rights, Risks, and Responsibilities:

1. I, the client, have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are described in the general Consent Form I received at the start of my treatment with Kelsey Vincent.
3. I understand that there are risks and consequences of participating in teletherapy, including, but not limited to, the possibility, despite best efforts to ensure high encryption and secure technology on the part of my psychotherapist, 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. There is a risk that services could be disrupted or distorted by unforeseen technical problems. If such disruption occurs, it is the responsibility of my psychotherapist to reconnect. If reconnection is not possible within 10 minutes, my therapist will attempt with a different form of HIPAA approved teleconnection.
5. I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy. I am aware that there are topics that

would not be of therapeutic benefit to discuss if I'm at risk of being overheard. I will choose topics that I feel safe discussing in teletherapy. I understand that my psychological treatment provider will not have anyone in the same space or able to listen in on the content of the session.

6. I am responsible for (1) providing the necessary computer or phone, telecommunications equipment and internet access or phone service for my teletherapy sessions, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session. I understand that my psychological treatment provider will do the same.

7. I understand that dissemination of any personally identifiable images or information from the telehealth interaction to researchers or other entities shall not occur without my written consent.

I have read, understand and agree to the information provided above regarding telehealth:

_____	_____	_____	_____
Client's Name (Printed)	Date	Client's Signature	Date

If unable to sign in person, Kelsey Vincent certifies this disclosure was reviewed verbally:

_____	_____	_____	_____
Therapist's Name (Printed)	Date	Therapist's Signature	Date

[Remainder of Page Intentionally Left Blank]