**Ronald O. Powell, PhD**

**8201 164th Ave NE, Suite 200**

**Redmond, WA 98052**

**425-802-1990**

**INFORMED CONSENT FOR TELETHERAPY**

This form is designed to allow you to give informed consent for the use of video technology for

teletherapy. This form is used in conjunction with, but does not replace, the Disclosure Statement that is required for all clients prior to starting therapy services.

• You understand that “teletherapy” includes consultation, treatment, transfer of medical data, secure messages, emails, telephone conversations and education using interactive audio, video, or data communications. You understand that teletherapy also involves the communication of your medical/mental information, both orally and visually.

• You have the right to withhold or withdraw consent at any time without affecting your right to future care or treatment. You also have the right to terminate treatment at any time.

• The laws that protect the confidentiality of your medical information also apply to teletherapy. As such, you understand that the information disclosed by you during the course of your therapy or consultation is protected by legal confidentiality. However, there are some exceptions to confidentiality that are discussed in detail in the Disclosure Statement.

• You understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on my part, that: the transmission of your information could be disrupted or distorted by technical failures; the transmission of your information could be interrupted by unauthorized persons; and/or the electronic storage of your medical information could be accessed by unauthorized persons.

• In addition, you understand that teletherapy based services and care may not be as complete as face- to-face services. While teletherapy is a great way to get help with many of life’s problems, overwhelming and potentially dangerous challenges are best met with face-to-face professional support. You understand that teletherapy is neither a universal substitute, nor the same as face-to face psychotherapy. You also understand that if I believe you would be better served by another form of therapeutic services (e.g. face-to-face services), you have the options to resume face-to-face sessions with me or be referred to a counseling professional who can provide such services in your area.

• You understand that messages sent either by text messages or email are not considered private and confidential.

• You understand that you may benefit from teletherapy, but that results cannot be guaranteed or assured.

• You understand and accept that teletherapy does not provide emergency services. If you are

experiencing an emergency situation, you understand that you can call 911 or proceed to the nearest hospital emergency room for help. If you are having suicidal thoughts or making plans to harm myself, you can call the National Suicide Prevention Lifeline at .800.273.TALK (8255) for free 24-hour hotline support. Please see Disclosure Statement for additional resources.

• You understand that you are responsible for (1) providing the necessary computer,

telecommunications equipment and internet access for your teletherapy sessions, (2) the

information security on your computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for your teletherapy sessions.

• You understand that you have a right to access your medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law.

By signing this document, you are attesting that you have received, read, fully understand and consent to the terms and conditions above, and that you have read and fully understand your rights with respect to teletherapy, and have been given the opportunity to ask questions.

By signing this document, you are attesting to your consent to participation in teletherapy services

provided by Ronald O. Powell, PhD.

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Client’s Signature Date

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Providers Signature Date