

**TELETHERAPY SERVICES AGREEMENT AND
INFORMED CONSENT**

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1. Teletherapy or Telehealth is the delivery of therapeutic services by which the therapist and client are not within the same physical location. This includes, but is not limited to, Web Cam sessions, Telephone conversations, video phone conversations, e-mails, text messages, or any communication involving the Internet as a medium. Unless we explicitly agree otherwise, our teletherapy exchange is confidential. Any personal information you choose to share with me will be held in the strictest confidence. Just as for face-to-face counseling, I will not release your information to anyone without your prior approval, or I am required to do so by law, as in the case of suspected abuse of children, the elderly, or people with disabilities.

2. You understand that our Teletherapy occurs in the state of Texas, USA and is governed by the laws of that state. In a manner of speaking, you use modality to visit me in my Texas office; where we meet to do our work. Either of us is free to terminate our relationship at any time and for any reason.

3. While Teletherapy is a great way to get help with many of life's problems, overwhelming or potentially dangerous challenges are best met with face-to-face professional support when possible. Teletherapy does not provide emergency services. If you are experiencing an emergency situation, call 911 or proceed to the nearest hospital emergency room. If you are having suicidal thoughts, contact the National Suicide Prevention Lifeline at 1-800-273-8255.

4. You are responsible for information security on your computer or phone. The risks involved with Teletherapy include the potential release of private information due to the complexities and abnormalities involved with the Internet. Viruses and other involuntary intrusions have the ability to reside on a client's computer and release information you may desire to keep private. There is also the risk of being overheard by anyone near you if you do not place yourself in a private area during your Teletherapy session.

By signing this form, you agree to have read, understand, and agree to the information presented above.

Client's Name _____

Client's Legal Guardian _____

Signature _____

Date _____