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Informed Consent for Teletherapy (to be signed with the In Person Therapy Agreement)

- It is my understanding that a HIPPA compliant video platform will be used.
- However, if there is equipment failure (internet service, camera failure), I agree that a non- secure platform such as the telephone, FaceTime or Skype will be used.
- I understand that there will not be video or audio recording of sessions.
- Online therapy is **not** a crisis based clinical service. It may not be appropriate for clients with active suicidal or homicidal thoughts, or who are experiencing acute mental health problems.
- It is the responsibility of the client to inform the therapist if they are at risk of harm to self or others.
- If at any time, a client is deemed to be at risk to self or others, telemental health services will be terminated and alternative referrals will be provided.
- Confidentiality of therapeutic information also applies to telemental health. The exceptions to confidentiality are specified in the “In Person Therapy Agreement.”

I understand the risks and limitations to online psychotherapy.

Client's signature

Date

Client's signature

Date

Therapist's signature

Date