

# Joy Counseling and Consulting

## Telemental Health Consent

Please Note: This consent is in addition to the standard consent for therapy and not intended to be exhaustive.

Client Name \_\_\_\_\_

Thank you for choosing Joy Counseling and Consulting, LLC. Please read the following video/telephonic therapy consent and sign below. If you have any questions, please let me know.

1. I understand that I am about to engage in a video or telephone therapy session with my therapist, Joy Giorgio, LMFT.
2. I understand that the video conferencing/telephone technology will not be the same as an in person session with the counselor due to the fact that I will not be in the same room as my therapist. I also understand that, in order to have the best results for this session, I should be in a quiet place with limited interruptions when I start the session.
3. I understand the potential risks to this technology, include interruptions, unauthorized access and technical difficulties. I understand that my therapist or I can discontinue the video or phone session if it is felt that the videoconferencing or phone connections are not adequate for the situation.
4. My therapist agrees to inform me and obtain my consent if another person is present during the consultation, for any reason. I agree to inform my counselor if there is another person present during the session.
5. I understand that the recording of any therapy session (in person, telephonic or video) is prohibited without the prior written consent of both my therapist and myself.
6. I understand that I can direct questions about this video/phone session at any time to my therapist.
7. I understand that this consent will last for the duration of the relationship with my therapist, including any additional video/phone therapy sessions I may have; I can withdraw my consent for a video/phone session at any time.
8. I understand that same confidentiality protections, limits to confidentiality, and rules around my records apply to a video/phone therapy session as they would an in-person session.
9. I agree to work with my therapist to come up with a safety plan, including identifying one or two emergency contacts, in the event of a crisis situation during our sessions.
10. I understand that my therapist may decide to terminate the video/phone therapy services, if they deem it inappropriate for me to continue therapy through video/phone sessions.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedures.
- That I have been given opportunity to ask questions and that any questions have been answered to my satisfaction.
- That I agree to participate in a video/phone therapy session(s) with Joy Giorgio, LMFT

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contacts:

- |               |               |
|---------------|---------------|
| 1) Name _____ | 2) Name _____ |
| Phone _____   | Phone _____   |