



## CONSENT FOR TELEHEALTH CONSULTATION

Thank you for choosing Beth M. Warren, LPC-S. Please read the following video therapy consent and sign below. If you have any questions, please let me know, and I will be happy to answer them.

1. I understand that I am about to engage in a video therapy session with my provider, Beth M. Warren, LPC-S.
2. I understand that the video conferencing technology will not be the same as an in-person session with a provider due to the fact that I will not be in the same room as my provider. I also understand that, in order to have the best results for this session, I should be in a quiet place with limited interruptions, and privacy when I start the session.
3. I understand the potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my provider or I can discontinue the video therapy session if it is felt that the videoconferencing connections are not adequate for the situation.
4. My provider agrees to inform me and obtain my consent if another person is present during the consultation, for any reason. I agree to inform my provider if there is another person present during the session or if I wish to tape the session.
5. I understand that there are alternatives to a video therapy session such as telephone consultations. I am able to request at the time of scheduling which method would be best.
6. I understand that I can direct questions about this video therapy session at any time to my provider.
7. I understand that this consent will last for the duration of the relationship with my provider, including any video therapy sessions I may have and/or phone consultation. I can withdraw my consent for a video therapy session or phone consultation at any time.
8. I understand that same confidentiality protections, limits to confidentiality, and rules around my records apply to a video therapy session/phone consultation as they would to an in-person session.
9. I agree to work with my provider 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 provider may decide to terminate video therapy services, if they deem it inappropriate for me to continue therapy through video sessions. My provider will offer in-person sessions or refer you to another counselor if needed.

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 procedure.
- That I have been given opportunity to ask questions and that any questions have been answered to my satisfaction.
- That I agree to participation in a video therapy session/phone consultation with Beth M. Warren, LPC-S.

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Client's signature

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Date