

Susan V. Sims, LMHC, MCAP  
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## CONSENT FOR TELETHERAPY

**[This form is designed to allow you to give informed consent for the use of video technology for online therapy. This is to be used in conjunction with, but does not replace, the informed consent document that is required of all clients prior to starting therapy services.]**

I understand that therapy conducted online is technical in nature & that problems may occur with internet connectivity. Difficulties with hardware, software, equipment, and/or services supplied by a 3<sup>rd</sup> party may result in service interruptions. Any problems with internet availability or connectivity are outside the control of the therapist, & the therapist makes no guarantee that such services will be available or work as expected. If something occurs to prevent or disrupt any scheduled appointment due to technical problems & the session cannot be completed via online video conferencing, I understand that the therapist will make every effort to reconnect within the allotted session time.

I agree to take full responsibility for the security of any communications on my own computer/device & in my own physical location. I understand that I am solely responsible for maintaining the confidentiality of my user ID & password & will not allow another person access to this information. I also understand that I am responsible for using this technology in a secure & private location. In my location, I am responsible for ensuring that others cannot hear my conversation.

I understand that there will be no recording of any of the online sessions. All information disclosed within sessions & the written records pertaining to sessions are confidential & may not be revealed to anyone without my written permission except where disclosure is required by law.

### Consent to Treatment

I voluntarily agree to receive online therapy services for psychotherapy sessions as described above & authorize Susan V. Sims, LMHC to provide such services. I understand & agree that I will participate in my treatment & that I may withdraw this consent at any time. By signing this informed consent, I acknowledge that I have both read & understood all the terms & information contained herein.

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Patient Signature

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Date

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Print Patient Name