INFORMED CONSENT FOR TELEHEALTH SERVICES

Regarding telehealth services, we agree to the following:

- Confidentiality applies for telehealth services, and nobody will record the session without the permission of the other person(s).
- We agree to use the HIPAA compliant telehealth platform selected for our virtual sessions.
- A webcam or smartphone needs to be used during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- In the event of technical difficulties, we will make a back-up plan (contact phone numbers) to restart or reschedule the session.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telehealth.

T P 1	
Informed	Consent

This agi	reement si	upplement	s the gener	al informe	ed consent	agreement	included in	your origin	ial paperwo	ork.

Your signature below indicates that you agree	e to all these terms and conditions:
Client Name (printed)	
Client or Guardian Signature	
Date	