

**Center for Health Solutions, PLLC
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Cary NC 27518
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Teletherapy Informed Consent Form

1. "Teletherapy" includes consultation, treatment, emails, telephone conversations, and other medical information using interactive audio, video, or data communications.
2. Teletherapy occurs in the state of NC (USA), and is governed by the laws of that state. In a manner of speaking, I am using this modality to visit my therapist in their NC office, where we meet to do our work.
3. The laws that protect the confidentiality of my medical information also apply to teletherapy. Unless we explicitly agree otherwise, our teletherapy exchange is confidential. I will not include others in the session or have others in the room unless agreed upon.
4. I accept that teletherapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help.
5. In the event our teletherapy is not in my best interests, my therapist will explain that to me and suggest some alternative options better suited to my needs.
6. I understand there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. I am responsible for information security on my computer.
7. I understand that my health insurance plan might not provide coverage for teletherapy and I should contact my plan directly to inquire about this coverage.

I have read, understand, and agree to the information above.

Client's Name (printed)

Signature of Client (or Legal Guardian if under age 18) Date