



Client-Informed Consent for Online Counseling Services for Children/Teens

I _____ (client parent/guardian's name) hereby consent to engage in online counseling/teletherapy services for my child with *Therapist*. I understand that online counseling/teletherapy includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that online counseling/teletherapy also involves the communication of my medical/mental information, both orally and visually.

Clients name: _____ Date of birth: _____
Address at time of session: _____
Client's phone #: _____
Parent/guardian phone # _____
Email of parent/guardian _____
Emergency contact (name, phone # and relationship) _____

Following Procedures:

I will login with the link provided from my acuity confirmation and/or reminder and join the virtual waiting room in zoom, just like I would arrive for an in-office appointment. I may have to create a free zoom account on the device I use.

I will find a space for my child to participate in therapy, away from other family members and with privacy. I will be available to check in either before and/or after the appointment and to assist if needed with any technical difficulties. I will notify therapist of different address/phone # if therapy is conducted in a different location.

I understand that I have the following rights with respect to online counseling/teletherapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

2. The laws that protect the confidentiality of my child's medical information also apply to online counseling/teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are limits and exceptions to confidentiality with teletherapy, just as there are with in-



person therapy. I agree with these limits/exceptions and understand that my therapist will explain these to me in detail if I wish. I understand that there are risks and consequences from online counseling/teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of *Therapist*, that: the transmission of my information could be disrupted or distorted by technical failures.

** I understand that if the teletherapy session does get disconnected, *Therapist* will call me back by phone, to complete our session.

4. In addition, I understand that online counseling/teletherapy based services and care may not be as complete as face-to-face services. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy.

5. I accept that online counseling/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; or call my primary care physician or psychiatrist. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support.”

6. I understand that I am responsible for (a) providing the necessary computer, telecommunications equipment and internet access for my online counseling/teletherapy sessions, (b) using www.zoom.com and (c) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my online counseling/teletherapy session.

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

Client/Guardian Signature

Date