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INFORMED CONSENT FOR TELEHEALTH SERVICES

What is Telehealth?

Telehealth refers to a communication method that allows clinicians to provide therapy via a secure, HIPAA-compliant web platform. Clinicians are able to consult, diagnose, treat, and educate using interactive audio, video, or data. The telehealth format can be used as an alternative to traditional in-person therapy when transportation, time, or other issues present a barrier to treatment.

Please review the topics and information below carefully.

Your Rights	I have a right to confidentiality with Telehealth under the same laws that protect the confidentiality of my medical information for in-person psychotherapy. Any information disclosed by me during the course of my therapy, therefore, is generally confidential.
Location	I understand that in order to participate in Telehealth I must disclose my physical/geographical address at the time of the service.
Etiquette	I understand that Telehealth therapy sessions should be treated with the same respect, attention, and confidentiality as in-person office visits.
Results Vary	I understand that while I may benefit from Telehealth, results cannot be guaranteed or assured.
Technical Issues	I further understand there is a possibility that the therapy sessions could be disrupted or distorted by technical failures.
Therapy Format	I understand that mental health treatment using telehealth is different from in-person therapy. If my therapist believes I would be better served by another form of psychotherapeutic services, such as in-person treatment, I will be referred to a therapist in my geographic area that can provide such services.
Participation	Participation may vary based on clinician availability and insurance regulations.

I have read and understand the policies in this document and agree to its terms and conditions. I hereby consent to participate in psychotherapy using the Telehealth format.

Signature of Client (or Parent/Guardian if client is under age 18)

Date