1. You understand that “teletherapy” includes consultation, treatment, transfer of counseling data, emails, telephone conversations, and education using interactive audio, video, or data communications. You also understand that teletherapy/coaching also involves the communication of your medical/mental health information, both orally and visually.

2. Unless we explicitly agree otherwise, our teletherapy exchange is strictly confidential. Any information you choose to share with your counselor will be held in the strictest confidence. Just like face-to-face clients, your counselor will not release your information to anyone without your prior approval unless Your counselor is required to do so by law. No sessions will be recorded. In Maine, we are required to notify authorities if we become convinced a client is about to physically harm someone, or if they are abusing or about to abuse children, the elderly, or the disabled.

3. You understand that our teletherapy services are furnished in the state of Maine, (USA), and the services your counselor provides are governed by the laws of that state.

4. You have the right to withdraw or withhold consent from teletherapy services at any time. You also have the right to terminate treatment at any time.

5. You understand that there are risks and consequences with teletherapy services including, but not limited to, the possibility, despite reasonable efforts on the counselors part, that: the transmission of your medical information could be disrupted or distorted by technical failures; the transmission of your information could be intercepted by unauthorized persons, and/or the electronic storage of your medical information could be accessed by unauthorized persons. It is important to use secure internet connection rather than free or public Wi-Fi.

6. In addition, you understand that teletherapy based services and care may not be as complete as traditional face-to-face services. While teletherapy is a great way to get help with many of life’s problems, overwhelming and potentially dangerous challenges are best met with face-to-face professional support. You understand that teletherapy is neither a universal substitute, nor the same as face-to-face psychotherapy. If your counselor believes that your needs would best be served by a local professional, you will be referred to a professional who can provide such services in your area. Finally, you understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite your counselor’s efforts or the efforts of any such provider, your condition may not improve, and in some cases may even get worse.

7. You understand that you may benefit from teletherapy, but that results cannot be guaranteed or assured.

8. You understand and accept that teletherapy does not provide emergency services. If you are experiencing an emergency situation, you understand that the protocol would be to call 911 or proceed to the nearest hospital emergency room for help. If you are having suicidal thoughts or making plans to harm
yourself, you may also call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free 24 hour hotline support.

9. You will be responsible for the following: (1) providing the computer and/or necessary telecommunications equipment and internet access for your teletherapy sessions, (2) securing or encrypting protected health information (PHI) transmitted to or stored on your computer/telecommunications device, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for your teletherapy sessions. It is important to be on time. If you need to cancel or change your tele-appointment, you must notify the counselor in advance by phone or by email.

10. You understand that while email may be used as a form of communication with your counselor, that confidentiality of emails cannot be guaranteed due to complexities and abnormalities involved with the Internet, including, but not limited to, viruses, Trojans, worms, and other involuntary intrusions that have the ability to obtain and disseminate information you wish to keep private.

11. You have the right to access your medical information and copies of your counseling records in accordance with HIPAA privacy rules and applicable state law.

12. You agree that the “point-of-service” of therapy is to occur in the therapist’s state of professional licensure, and that you are located within the state of Maine and using your computer/telecommunications device to virtually travel within the state of Maine. Hence, therapists are accountable to and agree to abide by the ethical and legal guidelines prescribed by their Maine state of professional licensure.

I have read and understand the information provided above. I have discussed it with my counselor, and all of my questions have been answered to my satisfaction.

Signature of client (or parent/guardian/other authorized signatory) is required below:

___________________________________________________________________________

Print name: _________________________________________________________________

Date: ______________________________________________________________________

Counselor Name/Signature______________________________________________________