

Teletherapy Treatment Informed Consent for working with Marilyn Levy LPC 0244

I (_____) hereby consent to engage in Teletherapy (internet, email or telephone based therapy) with Marilyn Levy LPC 0244 as one of the modes of my psychotherapy treatment. I understand that Teletherapy includes gathering of pertinent information from you, my client, including information from other medical and/or mental health practitioners (if you desire that to occur). A separate release of information to obtain this information would need to be signed by you, my client so that co-ordination of information can be obtained between the professions who have cared for your mental/medical health needs. Additionally I understand that information will be supplied to my insurance company for billing and payment of services. An additional release of information will be signed to allow this transmission of information to occur.

Printed Name _____

Client Signature _____ Date _____

I understand that I have the following rights with respect to teletherapy. I have the right to withhold or withdraw consent at any time without affecting my right to future care.

1. The laws that affect confidentiality of my psychological information also apply to teletherapy. However there is mandatory reporting under the following conditions – elder or child abuse, suicide or homicide intention with plan. I also understand that dissemination to researchers or any other entities shall not occur without my written consent.
2. I realize that there will be no video recording of my sessions unless a release is signed for that to occur.
3. I understand that there are risks and consequences that are possible with teletherapy (as with face to face/in the office therapy). The desired goal of the therapy is to improve mental health and in some cases a person may experience some difficulties/feeling worse. If this should occur, I understand that it is my responsibility to contact Marilyn Levy when negativity arises after the session. Marilyn Levy can assist me to ground, center and/ or calm. Thereby I can resume normal daily functioning.
4. I understand that there could be technical difficulties. If this should occur Marilyn Levy will do what is possible to resume the session. You will not be charged for time that was deleted due to technical problems. Also additional time will be allotted to make up for the time missed due to technical problems. Hopefully this will not occur. Marilyn Levy is using the ZOOM platform that is HIPPA approved. Also all technical equipment the Marilyn Levy uses is secure.
5. I realize that I can benefit from teletherapy and the results cannot be guaranteed.
6. I understand that I (or Marilyn Levy's bookkeeper/biller) need to establish with my insurance carrier if teletherapy is a covered service. If it is not covered and I want the clinical service, I agree to pay the full amount of the session. I also realize that if the service is covered by my insurance company I am still responsible for any deductible charges, copay/coinsure.

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

Name _____ Date _____