

Teletherapy Informed Consent Form

1. Teletherapy is a form of psychological service provided via internet technology, which can include consultation, treatment, transfer of medical/ mental data, emails, telephone conversations and/or education using interactive audio, video, or data communications. I also understand that teletherapy involves the communication of my medical/mental health information, both orally and/or virtually.
2. Teletherapy occurs in the State of Texas and is governed by the laws of Texas.
3. The laws that protect the confidentiality of my medical/mental 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.
5. In the event teletherapy is not in my best interests, my therapist will explain that to me and suggest some alternative options better suited for 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 interrupted by unauthorized persons. I am responsible for being in a private room that is free from distractions or intrusions while participating in teletherapy, it is the responsibility of my provider to do the same on their end.
7. I live and Reside in the State of Texas and understand that I must continue to reside and live in the State of Texas while receiving teletherapy from Yvonne Pleasant, MS, LPC, CRC, CVE

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

Client's Name

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

Date

**Yvonne Pleasant, MS, LPC, CRC, CVE
Terrell, TX 75169**