LAUREL HELPING HANDS
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Consent for Teletherapy

This document is an addendum to the Laurel Helping Hand's Service Agreement and covers our Teletherapy services.

Teletherapy is an option for conducting therapy in which the client and the therapist are in different locations. It involves the use of interactive audio e.g. phone, video, or other telecommunications or electronic media.

The decision to use Teletherapy was be made by you and your counselor(s) based on your needs and other factors, which your counselor discussed with you. Although Teletherapy offers many advantages e.g. continuation of care when in-person services are not possible, convenience and flexibility, there are some limitations including but not limited to technological failure, miscommunication and increased risk of technology breaches etc.

Laurel Helping Hands offers video-conferencing, and in emergency/crisis situations, telephonic sessions. You are responsible for securing privacy in terms of the location where you will connect to the session.

Your counselor(s) will give you detailed directions regarding what to expect and how to prepare, and will run a test with you on how it will work.

It is strongly suggested that you only communicate through a computer or device that you know is safe (e.g., has a firewall, anti-virus software installed, is password protected, not accessing the internet through a public wireless network, etc.).

Your counselor(s) will be using secure electronic medium in a private location but please note that in emergency/crisis situations, your counselor may not have that option.

We hope you understand that the implementation of Teletherapy is a new initiative for LHH, as such, we may experience some challenges. We ask for your patience as we all navigate this change, which will provide more options for therapy for you.

I, _____, consent to Teletherapy sessions.

Client Name: _____ DOB: _____

Signature: _____ Date: _____
(Client/ Parent or Guardian)

Counselor Name & Signature: _____ Date: _____