



Address: 5 Governors Ln. Suite 150

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Informed Consent for Teletherapy

1. Teletherapy is the engagement of therapy services via face-to-face video transmission or over-the-phone communication.
2. Teletherapy is a psychotherapy treatment option being offered to you as an alternative to in-person psychotherapy treatment. You have the right to decline teletherapy services at any time without affecting your right to future treatment.
3. All policies and agreements outlined in Lisa Jellison, LCSW & Associates Intake forms apply to teletherapy services. The laws that protect the confidentiality of your personal information apply to teletherapy. There are certain exceptions to confidentiality, which include, but are not limited to: reporting child and vulnerable adult abuse; expressed imminent harm to yourself or others; as a part of legal proceedings when information is requested by a court of law. The dissemination of any personally identifiable images or information from engaging in teletherapy to other entities shall not occur without your written consent.
4. As with any form of mental health treatment, it is not a guarantee that teletherapy will be an effective form of treatment. Teletherapy may not be as complete as in-person therapy. If your therapist assesses at any point that teletherapy is not effective in helping you reach your therapy goals, your therapist may terminate teletherapy services. If teletherapy services are terminated for any reason, your therapist will discuss another plan with you in order for you to receive appropriate mental health services.
5. All attempts to keep information confidential and secure while using teletherapy services will be made. While **Doxy.me** is a secure platform, a guarantee of 100% confidentiality and security cannot be made due to the inherent nature of technology and the internet. There are inherent risks to participating in teletherapy services, which include, but are not limited to: the disruption of communication due to technological issues; the interruption of personal information by unauthorized figures.
6. Certain protocol is in place in the event of an emergency or crisis situation. Emergency or crisis situations include, but are not limited to: thoughts about hurting or harming yourself or others; having uncontrolled psychotic symptoms; being in a life-threatening situation; abusing drugs or alcohol in an unsafe manner.

By participating in teletherapy services, you agree to take the appropriate measures to ensure your safety and the safety others. These measures include, but are not limited to: calling 911; contacting the National Suicide Prevention Lifeline (1-800-273-8255) or another crisis service;



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going to the nearest hospital or crisis facility. In the event of an emergency or crisis situation, your therapist may take the above measures on your behalf.

7. Teletherapy requires the use of a computer, laptop, tablet, or telephone/cellular device. You are responsible for ensuring proper connection, a disruption-free environment, and a properly charged device.

If your session time does not go the full length of session due to a non-connectivity, non-emergency interruption (which includes, but is not limited to: background noise or distractions; taking another call; device losing power; choosing to pause or end session), you may still be charged the full fee of session.

Your signature below serves as an acknowledgement that you have received the above form, you understand the information provided, and you agree to its terms.

Client / Legal Guardian Signature

Date

Client / Legal Guardian Printed Name