

**Jefferson and Associates Psychological Services, P.C.**

3712 Old Forest Road, Suite 500

Lynchburg, Virginia 24501

Phone: (434)385-0744

**Teletherapy Services Consent Form  
(Addendum to Client Service Agreement)**

**Definition of Services:** Teletherapy is a form of psychological services provided by secure internet technology. It serves the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted face-to-face at the offices of Jefferson and Associates Psychological Services. Due to the nature of the technology used, teletherapy services may be experienced somewhat differently than face-to-face treatment sessions. Teletherapy involves arranging an appointment time with the client at their computer and the therapist interfacing from their computer by the Internet.

**Client Requirements:** You, the client, need to be an established patient. Most of the teletherapy sessions need to be conducted in Virginia. Clients who are actively at risk of harm to self or others are not suitable for teletherapy services. If this is the case or becomes the case in the future, speak to your therapist and more appropriate services will be provided or recommended. Recording of session is prohibited.

**Technology Requirements:** You will need a secure personal device (computer, smartphone, tablet, Ipad, etc.) with internet access and web cam.

**Teletherapy service provider; Efforts at Quality and Security:** We are using Doxy.me as the secure provider of this technology. These services provide privacy, confidentiality, and meet HIPAA industry standards. Please feel free to ask us further questions if you have concerns.

**Risks and Rights and using teletherapy:**

1. You have the right to withdraw consent at any time. It will not affect your right to further treatment.
2. The therapist has the right, at any time, to determine if teletherapy sessions are not appropriate for you. Should this be determined, he or she is obliged to continue with face-to-face services or to provide referral information to other services.
3. The laws and professional standards that apply to regular psychological services apply to teletherapy services.
4. There are exceptions to client confidentiality policies that exist for face-to-face therapy; these also apply to teletherapy services. If you need more information on such exceptions, please consult the client services agreement provided by therapist, or speak to them directly.
5. Despite best efforts to ensure high encryption and secure technology there's always a risk that the transmission could be breached and accessed by unauthorized persons.
6. There is a risk that services could be disrupted or distorted by unanticipated technical problems.
7. You are responsible for creating a private, comfortable, safe environment for the duration of the session. Likewise, it is the responsibility of the therapist to do the same.
8. Due to the nature of the interaction there may be quality differences that are experienced when compared to face-to-face services. You may provide feedback to your therapist should you find the quality insufficient for your needs.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Patient Name (if different): \_\_\_\_\_

Therapist Signature: \_\_\_\_\_

Date: \_\_\_\_\_