

**LYNN McGREGOR, LCSW, MFT  
1557 North Ogden Street, Suite 8  
Denver, Colorado 80202**

### **Teletherapy Informed Consent Form**

I, \_\_\_\_\_, hereby consent to engage in teletherapy with my provider, Lynn McGregor. I understand that “teletherapy” includes consultation, treatment, transfer of medical 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 information, both orally and/or visually.

Teletherapy has the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted in person. However, due to the nature of the technology use, I understand that teletherapy may be experienced somewhat differently than face-to-face treatment sessions.

I understand that I have the following rights with respect to teletherapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the Disclosure Agreement that I signed at the beginning of treatment.
3. I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite best efforts on the part of my provider to ensure high encryption and secure technology that is HIPAA compliant, that: the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
4. In addition, I understand that teletherapy based services and care may not be as complete as face-to-face services. I also understand that if my provider feels I would be better served by another form of therapeutic services (e.g. face-to-face services) I will be referred to a professional who can provide such services in my area if at all possible.
5. 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 for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24-hour hotline support.
6. By signing below, I agree that I will not record or tape our sessions in any way. My provider also agrees not to record our sessions. This is to ensure the ongoing confidentiality and security of my personal information.
7. I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy. I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, and (2) arranging for a location with sufficient lighting and privacy that is free from distractions or intrusions for my session. It is the responsibility of my provider to do the same on her end.

**I have read, understand, and agree to the information provided above regarding telehealth.**

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_ Date: \_\_\_\_\_