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Teletherapy Consent Form

Teletherapy is counseling through a live video connection. In person, face to face counseling, is the preferred method of therapy. Distance counseling through the use of teletherapy is an acceptable means for augmenting and supplementing therapy.

Due to our country's current health care crisis with the Coronavirus Behavioral Healthcare of Fredericksburg is currently instituting teletherapy for clients comfortable and capable with this medium. Teletherapy will be implemented through Zoom, a web-based video conferencing tool. An invite link through Zoom will be sent to your **personal email** (nonwork email). It is imperative to understand that the same parameters of **confidentiality** apply with teletherapy. Positioning yourself in a quiet, controlled environment where you are alone without distractions or audibility to others is required to maintain your confidentiality. Therapeutic goals and approaches will continue with recommended therapy exercises.

If, at anytime, you do not feel safe or have thoughts of self-harm, the same protocol applies as when doing in person counseling; go to the nearest Emergency Room or Urgent Care facility. HIPPA, Health Insurance Portability & Accountability Act, remains active as another cornerstone of confidentiality regarding content of teletherapy.

Insurance companies will continue to be billed and if reimbursement doesn't occur you will not be personally liable for payments other than copay.

By signing below, verbally consenting, or giving written consent you are stating an understanding and agreement regarding the modality of teletherapy and parameters of confidentiality.

Client: _____

Date: _____

Therapist: *J. Klein, LCSW*

Date: 3-19-2020 s