



CLARITY THERAPY
NYC

Telehealth Informed Consent

I, _____ consent to engage in teletherapy through Clarity Therapy NYC. I understand that “teletherapy” includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that teletherapy/coaching also involves the communication of my medical/mental information, both orally and visually.

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. More information on these laws can be found on the **Consent for Treatment and Limits of Liability** page within this packet.
3. I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: (1) the transmission of my information could be disrupted or distorted by technical failures (2) the transmission of my information could be interrupted by unauthorized persons (3) 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 therapist believes I would be better served by another form of therapeutic services (e.g. face-to-face services) I will be asked to transition to in-office treatment or referred to another professional who can provide such services in my area. I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured.
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. I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session.