



LAFAYETTE CHRISTIAN COUNSELING CENTER, LLC

www.sallycreed.com

Sally S. Creed, LPC-S, RPT

Licensed Professional Counselor - Supervisor

Registered Play Therapist

337-806-3690

Teletherapy Informed Consent

I, _____ hereby consent to engage in teletherapy with Sally S. Creed, LPC-S, RPT. I understand that “teletherapy” includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communication. I understand that teletherapy also involves the communication of my mental health 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 confidentiality of my mental health information also apply to teletherapy. I understand that the information disclosed by me during the course of therapy or consultation is generally confidential. There are mandatory and permissive exceptions to confidentiality, which are covered in detail in the Declaration of Practices and Procedures (HIPPA) completed by me.
3. I understand that there are risks unique and specific to Telehealth, including but not limited to, the possibility that our therapy sessions or other communication by my therapist to others regarding my treatment could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons. In addition, I understand that Telehealth treatment is different from in-person therapy and that if my therapist believes I would be better served by another form of psychotherapeutic services, such as in-person treatment, I will be referred to a therapist in my geographic area that can provide such services. I also understand that there are potential risks and benefits associated with any form of psychotherapy, and that additional problems may surface of which I was not initially aware of. I understand that I may benefit from teletherapy, but that results cannot be guaranteed.
4. 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.
5. 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.
6. I understand that I must provide the physical address where I am located during teletherapy.
7. I understand that if I am in a vehicle during a teletherapy session, I must provide the make, model, color, year and license plate number of the vehicle (along with my location) in case of emergency.
8. I understand that I have a right to access my medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law. I have read, understand and agree to the information provided above.

Client's Signature

Date