



Teletherapy Consent Form (Required in the Event Telehealth is Necessary)

Definition of Services:

I, _____, hereby consent to engage in teletherapy with Torborg & Kobienia Psychological Services. Teletherapy is a form of psychological service provided via internet technology, which can include 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 health 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 technology used, I understand that teletherapy may be experienced somewhat differently than face-to-face treatment sessions.

I understand I have the following rights with respect to Teletherapy:

Client's Rights, Risks, and Responsibilities:

1. I the client, need to be present in the state of MN.
2. I the client have the right to withhold or withdraw consent at anytime without it affecting the future care of my treatment.
3. The laws that protect my confidentiality and that I signed at consent of my treatment remain the same.
4. I understand the risks and consequences of participating in teletherapy, including, but not limited to, the possibility, despite best efforts to highly ensure high encryption and secure technology on the part of my psychotherapist that the transmission of my information could be disrupted or distorted by technical failures or unauthorized persons.
5. There is risk that services could be disrupted or distorted by unforeseen technical problems.
6. In addition, I understand that teletherapy based on services and care may not be as complete as face-to-face services. I also understand that my therapist believes I would be better served by another form of therapeutic service and this is only offered on a individual as needed basis.
7. I accept that telehealth does not provide emergency services. If I am having suicidal thoughts or plans I will contact 911, local crisis line #1-800-635-8008 or go to my local emergency room.
8. I understand the risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy. I am responsible for (providing the necessary computer, telecommunications equipment and internet access for my sessions, (2) arranging a location with sufficient lighting and privacy free of distractions or intrusions for my sessions and provider will do the same on their end.



I have read, understand and agree to the information provided above regarding teletherapy:

Client Signature: _____ Date: _____

Therapist's Signature: _____ Date: _____