

REQUEST TO USE, INFORMED CONSENT, AND AGREEMENT REGARDING USE OF TELETHERAPY

I _____ hereby consent to engage in teletherapy with Commonwealth Catholic Charities. I understand that “teletherapy” includes consultation, treatment, telephone conversations, and education using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my mental health information, both orally and visually.

You **MUST** be a legal resident in the Commonwealth of Virginia, as our counselors and group facilitators are not licensed to practice in other states and you must be physically in the Commonwealth of Virginia during your scheduled appointment.

I understand the following regarding my use of teletherapy with Commonwealth Catholic Charities:

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 is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to, reporting child, elder, and dependent adult abuse; expressed threats of violence toward an ascertainable (including self); and where I make my mental or emotional state an issue in a legal proceeding.
3. I understand there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Commonwealth Catholic Charities that: the transmission of my information could be disrupted or distorted by technical failures; the transmission in my information could be interrupted by unauthorized persons; and /or the discussion of my information being overheard if not in a private setting.
4. I understand that I am responsible for (1) providing necessary computer (or phone), telecommunications equipment, and internet access for my teletherapy session, (2) the information security on my computer (or phone), (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session, and (4) initiating connection with my counselor/group facilitator at the time of my appointment.
5. 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 Commonwealth Catholic Charities counselor/group facilitator believes that 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 or, I may resume once face-to-face services once they resume.
6. I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured.
7. I understand 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**. I, also, consent to Commonwealth Catholic Charities contacting my emergency contact or 911 if determined a risk for safety at the counselor’s discretion.
8. I understand that failure to comply with the terms of this Informed Consent may result in Commonwealth Catholic Charities terminating the teletherapy relationship.

I consent to the following regarding use of teletherapy by Commonwealth Catholic Charities:

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I consent to utilize teletherapy through Commonwealth Catholic Charities' determined platform and consent to the use of teletherapy, that is HIPAA compliant, with Catholic Charities for purposes related to my counseling services based on my having read and understood the preceding paragraphs of this Informed Consent.

Payment for teletherapy

Payment for teletherapy services are due prior to the service being provided. Please speak to your counselor/group facilitator about the specifics of making payments for counseling sessions or group sessions.

Patient consent to the use of teletherapy

I have read, understand, and agree with the information provided above regarding teletherapy, have discussed it with my counselor, and all my questions have been answered to my satisfaction.

I have read this document carefully and understand the risks and benefits relations to the use of teletherapy services and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein.

Printed Name

Client Signature

Date