The Jones Center for Children's Therapy and Assessment
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CONSENT TO TELETHERAPY

In conjunction with The Jones Center for Children's Therapy and Assessment (JCCTA) Consent to Services, to which I have duly consented, I, _____, patient or authorized representative of _____ (patient), date of birth _____, hereby consent to the following:

_____ I understand delivery of psychotherapy services via electronic mediums, herein referred to as teletherapy, includes telephone and video communications, text and email messaging, and/or other electronic transmission of patient's Protected Health Information (PHI) by and between the aforementioned patient and/or patient's authorized representative(s) and patient's JCCTA treatment provider.

_____ I understand and acknowledge I have the right to withdraw my consent in writing to the use of teletherapy in the course of patient's care at any time, without affecting the right to future care and treatment.

_____ I understand and acknowledge the laws that protect the confidentiality of patient's PHI also apply to teletherapy.

_____ I understand and acknowledge there are risks and consequences of teletherapy, including, but not limited to, the possibility communications could be disrupted and/or distorted by technical failures, interrupted by unauthorized persons, and/or otherwise accessed by unauthorized persons.

_____ I understand and acknowledge teletherapy based services and care may not be as complete as face-to-face services.

_____ I understand and acknowledge teletherapy does not provide and/or constitute emergency services.

_____ I understand and acknowledge I am responsible for providing and utilizing the necessary telecommunications equipment and internet access for all teletherapy sessions and securing a location with sufficient privacy free from distractions and intrusions.

_____ I understand and acknowledge patient may benefit from teletherapy, but that results cannot be guaranteed or assured.

_____	_____	_____
Name	Relationship to Patient	Date