Telehealth Contract

This contract indicates consent for distance-oriented behavioral health sessions, otherwise known as Telehealth, which take place over a HIPPA compliant Telehealth platform. By signing this contract, I agree to the following

[ ] To find a quiet and protected space for our virtual sessions

[ ] That during our session time, no one else will be present in the room (unless indicated to the therapist and discussed prior to session).

[ ] That no phone calls, texts, emails or web surfing will occur.

[ ] That if there is a loss of connection, the therapist will initiate the call back.

[ ] Sessions are scheduled for 60 minutes to account for any connection disruptions, but the session shall last 45-50 minutes

[ ] The session and the chat will not be recorded nor will screen shots be taken unless expressly discussed prior to session and with clinical goals in mind.

[ ] All rules regarding mandated reporting and reporting harm to self or others remain the same as residential sessions as per NASW ethical standards and legal protocol.

[ ] I commit to not driving during sessions.

By signing this contract, I indicate my compliance with the above stated expectations. I reserve my right to revoke my consent, in writing, at any time. This consent will be valid for 1 year following the date of signature.

Please sign and date below to acknowledge you've read and consent to this policy

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian name Date