



Marsha Magun L.P.C, A.T.R

7 Whitney Street Ext
Westport, Ct 06880

marshamagun@gmail.com
T: 203.675.3739

Teletherapy Clinical Service Consent

Psychotherapy services conducted over the telephone or Internet are forms of intervention provided via secure Internet technology. It has the same goals as clinical services conducted face-to-face. Due to the nature of the technology used, Teletherapy may be experienced somewhat differently than face-to-face sessions. As with most technology, there are benefits and limitations to this kind of service.

Note that Teletherapy is not suited for clients who are actively at risk of harm to self or others. If this is the case or becomes the case in the future, your therapist will refer you to more appropriate services in your local area.

You will need a computer with Internet access and Webcam ability. You also need access to a phone in case the Internet connection fails.

Please review the following terms and sign on the following page.

The undersigned understands and agrees to the following:

- I understand I have the right to withdraw consent at any time. It will not affect my right to further treatment.
- I understand the therapist has the right, at any time, to determine if Teletherapy sessions are not appropriate for my case. Should this be determined, the therapist is obliged to provide me with referral information to other services.
- I understand the laws and professional standards that apply to face to face services apply to Teletherapy services.
- I understand the same exceptions to client confidentiality policies that exist with face to face therapy also apply to Teletherapy services. I know I can review my consent for treatment form if I need to know what those exceptions are.
- I understand that despite best efforts to ensure high encryption and secure technology, there is always a risk that the transmission can be breached and accessed by unauthorized persons.
- I understand there is a risk that services could be disrupted or distorted by unforeseen technical problems.
- I am aware there is a risk of being overheard by anyone near me if I am not in a private room. I understand I am responsible for creating my own comfortable and safe space for the session. It is the responsibility of the therapist to do the same on his or her end.
- I understand that due to the nature of the interaction there may be quality differences that are experienced when compared to face-to-face services. I can provide feedback to my therapist if I find Teletherapy insufficient to meet my needs.
- I may decline any Teletherapy services at any time without jeopardizing my access to future care, services, and benefits.
- The undersigned has read this agreement and agree to its terms and conditions.

_____ Signature _____ Date _____