

## TELETHERAPY INFORMED CONSENT AGREEMENT

Teletherapy is an alternative means of providing mental health therapy, which we may need to utilize on an emergency basis during the COVID-19 pandemic. Utilizing video chats/cell/landline phones in place of traditional in-person, in-office sessions. Your signature/email response to this form indicates your acceptance of the following:

- Teletherapy includes consultation, treatment, emails, telephone conversations and other medical information utilizing interactive audio/video, or data communications and takes the place of in-office therapy sessions. Dr. Padula will conduct my therapy via cellphone, landline, video chat or computer and will inform me of the platform to be utilized.
- The laws of the State of Ohio govern Teletherapy. The laws that protect the confidentiality of my medical information also apply to teletherapy. Unless we explicitly agree otherwise, our teletherapy exchange is confidential. I will not include others in the session or have others in the room unless mutually agreed upon.
- I accept 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 department for assistance.
- In the event our teletherapy is not in my best interest, my therapist will explain that to me and suggest some alternative options better suited to my therapeutic needs.
- I understand that there are risk and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that the transmission of my information could be disrupted or distorted by technical failures. Unauthorized persons could interrupt the transmission of my information, and/or unauthorized persons could access the electronic storage of my medical information. (Note: Dr. Padula will be utilizing phone or video calls only, with NO storage of information). I am responsible for information security on my computer and or cell phone or landline.

I have read, understand and agree to the information above.

Client signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

Best Phone number to reach me: \_\_\_\_\_

**(Note: If unable to sign in person, please email acceptance to revorelationships@gmail.com)**