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**TELEMENTAL HEALTH SERVICES AGREEMENT**

I provide counseling services online on the Zoom platform. Below are the key items to be aware of. Please know that Zoom does not have full technological security.

1. Just as in my face-to- face sessions, I will not release your information to anyone without your prior written approval, or as required to do so by law.

2. Teletherapy Services must occur in the state of Virginia, as is governed by the laws of that state. My licensure only allows for my clinical/teletherapy services to be provided in the state in which I am licensed, which is Virginia.

3. While Teletherapy Services is a great way to access mental health services, you understand the best way to conduct counseling is face to face and accept the distinctions.

4. You are responsible for information security on your computer. If you decide to keep copies of our emails or communication on your computer, it’s up to you to keep that information secure. Unfortunately, I cannot guarantee the security of our emails as they travel between our computers. It is possible, though unlikely, to intercept emails in transit. If you are concerned about that possibility, please consider the option to encrypt our email, for if someone were to intercept an encrypted e-mail, they would not be able to read the encoded message.

5. Teletherapy Services are a means by which you, the e-client, can receive therapeutic counseling services and information from a licensed therapist. The risks involved with Teletherapy include the potential release of private information due to the complexities and abnormalities involved with the Internet, like viruses, trojans, and other involuntary intrusions with the ability to grab released information you may desire to keep private.

6. You agree to participate in Teletherapy Services in a safe place away from anyone being able to hear our conversation for your personal confidentiality.

7. It is your responsibility to create an environment on your end of the Teletherapy Services that is not subject to unexpected or unauthorized intrusion of your personal information. It is MY responsibility for me, the therapist, to do the same.

8. You understand that payment for Teletherapy Services is due prior to the start of the session

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   \_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian/Legal Representative Signature                 Date