

Ephesians Professional Counseling

Leslie J. Marler, MS, NBCC, LCPC

State Licensed Clinical Professional Counselor, National Board-Certified Counselor

Bethesda, MD -- Teletherapy Only -- 301-466-2050 Fax: 301-530-1146

www.ephesians.org

TELETHERAPY AGREEMENT & INFORMED CONSENT

Client:	DOB:
data, emails, telephone conversations, and	ides consultation, treatment, transfer of medical deducation using interactive audio, video, or data teletherapy involves the communication of your divisually.
telecommunications equipment and interior encrypting protected health information	d (3) arranging a location with sufficient lighting and
information you choose to share with me face to-face clients, I will not release your unless I am required to do so by law. In Ma	or teletherapy exchange is strictly confidential. Any will be held in the strictest confidence. Just like my information to anyone without your prior approval aryland, we are required to notify authorities if we sically harm someone, or if they are abusing or about led.
and the services I provide are governed by	rvices are furnished in the state of Maryland, (USA), the laws of that state. In a manner of speaking, you laryland office, where we meet to do our work.
traditional face-to-face services. While teleproblems, overwhelming and potentially continuous	services and care may not be as complete as etherapy is a great way to get help with many of life's langerous challenges are best met with face-to-face teletherapy is neither a universal substitute, nor the

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6. You understand that there are risks and consequences with teletherapy services including, but not limited to, the possibility, despite reasonable efforts on my part, that: the transmission

of your medical information could be disrupted or distorted by technical failures; the

transmission of your information could be intercepted by unauthorized persons, and/or the electronic storage of your medical information could be accessed by unauthorized persons.

- 7. You understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts or the efforts of any such provider, your condition may not improve, and in some cases may even get worse. In addition, you understand that you may benefit from teletherapy, but that results cannot be guaranteed or assured.
- 8. You understand that while email may be used as a form of communication with me, that confidentiality of emails cannot be guaranteed due to complexities and abnormalities involved with the Internet, including, but not limited to, viruses, Trojans, worms, and other involuntary intrusions that have the ability to obtain and disseminate information you wish to keep private. Consequently, email is to be limited to non-confidential information such as appointment scheduling.
- 9. You have the right to access your medical information and copies of your medical records in accordance with HIPAA privacy rules and applicable state law.
- 10. You understand and accept that teletherapy does not provide emergency services. If you are experiencing an emergency situation, you understand that the protocol would be to call 911 or proceed to the nearest hospital emergency room for help. If you are having suicidal thoughts or making plans to harm yourself, you may also call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free 24-hour hotline support.
- 11. You have the right to withdraw or withhold consent from teletherapy services at any time. You also have the right to terminate treatment at any time.

I have read and understand the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

Signature of client (or parent/guardian/other authorized signatory) is required below:

Print name:

Date:

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