

# Alice Litter MSW LICSW

## Client Information and Informed Consent for Teletherapy

Alice Litter LICSW (“my therapist”) provides psychotherapy and counseling services involving the use of video or audio interactive technologies between therapist and client at different locations (“teletherapy”). Teletherapy will be provided with the following understanding:

- Teletherapy may not be the most appropriate treatment for everyone seeking counseling.
- If my therapist assesses that I would be better served by a clinician who can offer in-person office visits, she will ask that I contact my insurance provider and/or primary care provider for assistance in finding a clinician who can provide that service.
- The laws that protect privacy and the confidentiality of client information also apply to teletherapy. However, by participating in teletherapy I accept the inherent risks associated with using video or audio technologies including, but not limited to, the possibility, despite reasonable efforts and safeguards on the part of my therapist, that my counseling sessions and transmission of personal information could be disrupted or distorted by technical failures and/or interrupted or accessed by unauthorized persons,
- Teletherapy sessions must occur in a private space where others, who are not a party to the counseling appointment, cannot watch or overhear the communication between therapist and client and where there is sufficient lighting for a video session.
- Neither my therapist, I, nor an agent of either has permission to record or photograph a teletherapy session. The dissemination of any personally identifiable images or information from our teletherapy session is prohibited.
- At the outset of each teletherapy appointment, I agree to disclose to my therapist my location address during the session and provide updated cell ## for myself and an emergency contact.

### Consent

I have read and understood the information outlined above regarding teletherapy services. If I have any questions or concerns regarding teletherapy, I will raise these with my therapist. I give my informed consent to receiving teletherapy services from Alice Litter LICSW.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of client or legal guardian if patient is under 18

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Printed name of person signing above

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