



*Christian Counseling Center of Bartlett, LLC  
6385 Stage Road, Suite 1  
Bartlett, TN 38134  
Teletherapy Consent Form*

I, \_\_\_\_\_, hereby consent to engage in teletherapy with \_\_\_\_\_. Teletherapy is a form of psychological service provided via internet technology, which can include consultation, treatment, transfer of medical data, emails, telephone conversations and/or education using interactive audio, video, or data communications. I also understand that teletherapy involves the communication of my medical/mental health information, both orally and/or visually.

Teletherapy has the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted in person. However, due to the nature of the technology used, I understand that teletherapy may be experienced somewhat differently than face-to-face treatment sessions.

If you are participating in teletherapy with a therapist of the Christian Counseling Center of Bartlett, LLC., please be advised that we use a secure, HIPAA compliant video conference software program in order to protect your confidentiality. Be informed that even secure transmission of information online is potentially vulnerable to interception by unauthorized parties. There are risks and consequences of participating in teletherapy, including, but not limited to, the possibility, despite best efforts to ensure high encryption and secure technology on the part of the therapist, that: the transmission of your information could be disrupted or distorted by technical failures; the transmission of your information could be interrupted by unauthorized persons; and/or there is a risk that services could be disrupted or distorted by unforeseen technical problems.

Please be aware that it is your responsibility to take steps to preserve your privacy by using a nonshared computer for teletherapy sessions, using a strong password for your account, and connecting via a secure network. There is a risk of being overheard by anyone near you if you are not in a private room while participating in teletherapy. You are responsible for (1) providing the necessary computer, telecommunications equipment and internet access for your teletherapy sessions, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for your teletherapy session. It is the responsibility of the treatment provider to do the same on their end.

I am aware of the risks of using even secure means of video communication to transmit my protected health information. I am aware that I must be physically present in Tennessee due to state laws regarding counseling licensure. The therapist may charge a late cancellation fee of \$75 if we are unable to meet due to me not being in Tennessee at the time of our scheduled session. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

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Client Signature

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Date