

Silber Psychological Services, P.A.

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INFORMED CONSENT FOR TELETHERAPY SERVICES

Definition of Teletherapy: Teletherapy involves the use of electronic communications to enable Silber Psychological Services clinicians to connect with patients using live interactive video and audio communications.

I understand that I have the following rights with respect to teletherapy:

- The laws that protect the confidentiality of my/my child's personal information that I have already signed also apply to teletherapy.
- I understand that I have the right to withhold or withdraw my consent to the use of teletherapy in the course of my/my child's care at any time, without affecting my/my child's right to future care or treatment.
- I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility that the transmission of personal information could be disrupted or distorted by technical failures. Silber Psychological Services utilizes secure, encrypted Health Insurance Portability and Accountability Act (HIPAA) HIPAA compliant transmission software to minimize this risk.
- By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I or my child are in crisis or in an emergency, I should immediately call 911 or seek help from a hospital or crisis-oriented health care facility in my immediate area.

Patient Consent to the Use of Teletherapy: I have read and understand the information provided above regarding teletherapy, have discussed it with my therapist, and all of my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of teletherapy services and have had my questions regarding the procedure explained.

I hereby give my informed consent to participate in the use of teletherapy services for treatment for myself/my child under the terms described herein. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

Client's Name: _____	Date of Birth: _____
Client's Signature (If 18 or older): _____	
Name of Parent/Guardian: _____	Date: _____
Parent/Guardian's Signature: _____	Date: _____
Therapist's Name: _____	Date: _____