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Teletherapy Consent Form

Client Name: _____

I consent to engage in teletherapy with Mary Bradley, LCSW, LSCSW. I understand that teletherapy includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video and/or data communications. I understand that teletherapy also involves the communication of my medical/mental health information, both orally and visually.

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

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. Unless explicitly agreed otherwise, the teletherapy exchange is confidential. Any personal information I choose to share will be held in the strictest confidence. The laws that protect the confidentiality of my medical information also apply to teletherapy.
3. I understand that teletherapy occurs in the states of Missouri and Kansas and is governed by the laws of these states.
4. I understand that there are risks and consequences of teletherapy, including, but not limited to, the possibility that despite reasonable efforts on the part of the clinician, that the transmission of my information could be disrupted or distorted by technical failures; that the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
5. In addition, I understand that teletherapy-based services and care may not be as complete as in-person services. I also understand that if the clinician believes I would be better served by another form of therapeutic services (e.g. in-person services), I will be referred to a professional who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my therapist, my condition may not improve, and in some cases may even get worse.
6. I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured.
7. I accept that teletherapy does not provide emergency services. During our first session, the clinician and I will discuss an emergency response plan. If I am experiencing an emergency situation I understand that I can call 911 or proceed to the nearest hospital emergency room for help.

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Page 2 of 2

8. I understand that at the beginning of our first session, I will confirm my current address and phone number to the clinician. If an emergency arises during the session I am aware that my clinician will call 911 in order to dispatch emergency personnel in my area.
9. I understand that I am responsible for providing the following:
 - The necessary computer/tablet/phone, telecommunications equipment and internet access for my teletherapy sessions;
 - The information security on my computer;
 - Arranging a location with sufficient lighting and privacy, free from distractions or intrusions for my teletherapy session;
 - If I decide to keep copies of emails or communication on my computer, it is up to me to keep that information secure.
10. I understand that while email may be used to communicate with the clinician, confidentiality of emails cannot be guaranteed.
11. I understand that I have certain rights to access copies of my medical information in compliance with HIPAA privacy rules (as per signed agreement) and applicable state laws.
12. If I am the parent of a minor receiving teletherapy I am agreeing to the conditions and terms described above for my minor child.

I have read, understand and agree to the information provided above.

Client signature: _____

Client date of birth: _____

Date signed: _____

For minor:

Parent/guardian signature: _____

Minor date of birth: _____

Relationship: _____

Date signed: _____