

**Yvonne Venger, LCSW**  
*Wellbeing Within Therapy San Diego*

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**Teletherapy Informed Consent Form**

I, \_\_\_\_\_, hereby consent to engage in teletherapy with **Yvonne Venger, LCSW**. I understand that “teletherapy” might include consultation, treatment, emails or telephone conversations. I understand that teletherapy also involves the oral and visual communication of my medical and mental health information.

I understand that there are both benefits and risks associated with teletherapy, including:

1. The laws that protect the confidentiality of your medical and mental health information apply equally to teletherapy. See the HIPPA form for further information on your protected health information.
2. There are exceptions to this confidentiality, which are outlined in writing on the HIPPA form that I provide. I review these exceptions in the first session as well.
3. There are risks and consequences resulting from the platform of teletherapy, including but not limited to the possibility, despite reasonable efforts 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; the electronic storage of your medical information could be accessed by unauthorized persons; and confidentiality cannot be guaranteed.
4. Teletherapy may not be as complete as in-person services, and if the therapist believes that you would be better served by in-person services, you will be encouraged to have sessions in-person at my office setting. There are potential risks and benefits associated with any form of psychotherapy, but results cannot be guaranteed or assured.
5. Teletherapy does not provide emergency services. In the first session, we will discuss an emergency response plan. If you are having suicidal thoughts or plans, you should call 911 or go to your nearest emergency room. You can also call the National Suicide Prevention Lifeline at 1-800 273 TALK (8255) for free 24-hour support.
6. You are responsible for providing the necessary computer or telecommunications equipment and internet access for teletherapy sessions, as well as the information security of such equipment, and arranging a location with sufficient lighting and privacy that is free from distractions or intrusions during the therapy sessions.

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

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Client or Guardian Signature

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Date