

Virtual Therapy Session Consent Form

This form is provided to obtain your consent to participate in virtual therapy (teletherapy) sessions.

Introduction

Teletherapy involves the use of electronic communications to enable therapists and clients to engage in therapy sessions when not in the same location.

Potential Risks and Benefits

- Risks to confidentiality due to technology use.
- Potential for technical problems (e.g., internet disruptions).
- Therapy benefits and limitations may differ from in-person sessions.

Confidentiality

All efforts will be made to protect your confidentiality. Please use a secure and private environment for your sessions.

Emergencies

Virtual therapy is not suitable for crisis situations. In the event of an emergency, please contact emergency services or go to your nearest emergency room.

Consent

By signing below, you indicate that you have read, understood, and agree to the conditions described above regarding participation in virtual therapy sessions.

Client Name

Client Email

Client Signature

Date