

# Art Therapy Telehealth Consent Form

## Client Information

Full Name

Date of Birth

Address

## Consent for Telehealth Services

I understand that art therapy services will be provided via telehealth technology. I understand the following:

- ☐ I acknowledge understanding of confidentiality and its limits over telehealth.
- ☐ I understand the potential risks of technology, disruptions, or unauthorized access in telehealth.
- ☐ I understand that I can withdraw consent for telehealth at any time.
- ☐ I have provided an emergency contact and understand crisis procedures have been explained to me.

Emergency Contact Name & Phone

Questions / Concerns

Client Signature

Date

