Virtual Therapy Consent Form

Client Information

Full Name
Date of Birth
Email
Phone Number
Fhore number
Address
Therapist Information
Therapist Name
License Number
Consent
I consent to engage in virtual/online therapy sessions.
I understand the limits of confidentiality and privacy in virtual therapy.
Diala 9 Danafita
Risks & Benefits
Emergency Contact
Name
Relationship

Phone Number

Signature			
Full Name (as sign	ature)		
Date			