



**TELETHERAPY CONSENT FORM**  
 (Required in the event telehealth is *temporarily* necessary)

**Definition of Services:**

I, \_\_\_\_\_, hereby consent to engage in teletherapy with my assigned therapist at Yorlan Psychological Associates. Teletherapy is a form of psychological service provided via internet technology, which can include consultation, treatment, transfer of medical data, emails, telephone conversations and/or education using interactive audio, video, or data communications. I understand teletherapy involves the communication of my medical/mental health information, both orally and/or visually.

**Client's Rights, Risks, and Responsibilities:**

1. I, the client, need to be a resident of Pennsylvania. (This is a legal requirement for psychologists practicing in this state under a PA license.)
2. I, the client, have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
3. The laws that protect the confidentiality of my medical information also apply to teletherapy. I understand the information disclosed by me during the course of my session is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, described in the Consent Form I received at the start of my treatment.
4. I understand there are risks and consequences of participating in teletherapy, including, but not limited to, the possibility, despite best efforts to ensure high encryption and secure technology on the part of my psychologist, that: the transmission of my information could be disrupted or distorted by technical failures; 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. There is a risk services could be disrupted or distorted by unforeseen technical problems.
6. I accept teletherapy does not provide emergency services. If I am experiencing an emergency situation, I understand I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1(800) 273-TALK (8255) for free 24-hour hotline support, or Crisis Intervention at (717) 851-5320.
7. I understand there is a risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy. I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session. It is the responsibility of the psychological treatment provider to do the same on their end.

I have read, understand and agree to the information provided above regarding teletherapy:

Client's Signature: \_\_\_\_\_ Date \_\_\_\_\_

Therapist's Signature: \_\_\_\_\_ Date \_\_\_\_\_