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## Consent to Teletherapy

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_, understand that teletherapy involves the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to receiving health care services to me via teletherapy over secure video conferencing platform and other communication and electronic tools.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to teletherapy.

I understand that while teletherapy treatment has been found to be effective in treating a wide range of disorders, there is no guarantee that all treatment of all clients will be effective.

I understand that there are potential risks involving technology, including but not limited to: internet interruptions and technical difficulties. I understand that technical difficulties with hardware, software, and internet connection may result in service interruption and that the Dynamic Therapy Services are not responsible for any technical problems and do not guarantee that services will be available or work as expected. I understand that I am responsible for information security on my computer and in my own physical location. I understand that I am responsible for creating and maintaining user name(s) and password(s) and not share these with another person. I understand that I am responsible to ensure privacy at my own location by being in a private location so other individuals cannot hear my conversation.

I understand that either I or my therapist can discontinue the teletherapy services if it is felt that this type of service delivery does not benefit my need or for any other reason.

I have read and understand the information provided above regarding teletherapy, have discussed it with my therapist and all of my questions have been answered to my satisfaction. I hereby give informed consent for the use of teletherapy.

By signing you agree to have read, understand and agree to all the above:

\_\_\_\_\_  
Signature (Legal Guardian)

\_\_\_\_\_  
Date Signed

Your First & Last Name: \_\_\_\_\_

Your CHILD's First & Last Name: \_\_\_\_\_