2594 Hwy 34 East, Newnan, GA 30265 Phone: (770) 252-3760

Teletherapy ONLY in Ozark, Missouri 65721

**Email**: [office@curecounseling.com](mailto:office@curecounseling.com) **Web**: www.curecounseling.com

**Teletherapy Statement of Consent Form**

1. “Teletherapy” includes consultation, treatment, texts, emails, telephone conversations, and other medical information using interactive audio, video, or data communications.
2. I understand that there is a risk of being overheard by anyone near me if I am not in a private room/setting while participating in teletherapy. I am responsible for (1) providing the necessary telecommunications equipment and internet access for my teletherapy sessions, (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session and I realize that I as the client am in control of my environment and am responsible if I am overheard by anybody that may be present as my therapist cannot control my teletherapy environment.
3. Teletherapy occurs in the state of GA and/or MO (USA) and is governed by the laws of each respective state. In a manner of speaking, I am using this modality to visit my therapist in their GA/MO office setting, where, in some settings we meet to do some of our therapy. Some teletherapy may be completed outside the physical office of the CURE Counseling when necessary.
4. The laws that protect the confidentiality of my medical information also apply to teletherapy. Unless we explicitly agree otherwise, our teletherapy exchange is confidential. I will not include others in the session or have others in the room or location unless my therapist and I agree upon this.
5. I accept that teletherapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help.
6. In the event our teletherapy is not in my best interest, my therapist will explain that to me and suggest some alternative options better suited to my needs.
7. I understand there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, 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. I am responsible for information security on my computer, phone or any electronic device that I may use.
8. I also authorize the CURE office staff to aid me in setting up my electronic device to help assure timely and quality “Teletherapy” sessions if needed.
9. Furthermore, I agree to hold the CURE Counseling staff and contracted therapists harmless for any technical challenges or possible oversights that are solely non-intentional.

**I have read, understand, and agree to the information above**.

**Client’s Printed Name**:        
*I agree that all TYPED or electronic signatures are legally binding.*

**Client’s Signature:**        
*I agree that all TYPED or electronic signatures are legally binding.*

**Signature of Legal Guardian if Client is under age 18:**

*I agree that all TYPED or electronic signatures are legally binding.*

**Date Signed**:       **Time Signed**:       Please add AM or PM