GLENISE PARROTT, LCSW
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Suite 106
Matthews NC 28105

TELETHERAPY CONSENT FORM

Definition of Services:

I,_____, hereby consent to engage in teletherapy with
Glenise Parrott, LCSW.
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 also understand that teletherapy involves the communication of my
medical/mental health information, both orally and/or visually.
Teletherapy has the same purpose or intention as psychotherapy or psychological treatment
sessions that are conducted in person. However, due to the nature of the technology used, I
understand that teletherapy may be experienced somewhat differently than face-to-face
treatment sessions.
I understand that I have the following rights with respect to teletherapy:

Client's Rights, Risks, and Responsibilities:

1. I, the client, need to be a resident of North Carolina.
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.
As such, I understand that the information disclosed by me during the course of my therapy or
consultation is generally confidential. However, there are both mandatory and permissive
exceptions to confidentiality, which are described in the HIPPA guidelines I received at the start
of my treatment with Glenise Parrott, LCSW.
4. I understand that 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 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.
5.I understand there is a risk that services could be disrupted or distorted by unforeseen
technical problems.

6. I understand that teletherapy based services and care may not be as complete as face-to-face services.

7. I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured. I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my therapist, my condition may not improve, and in some cases may even get worse.

8. 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. 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. Clients who are actively at risk of harm to self or others are not suitable for teletherapy services. If this is the case or becomes the case in future, my therapist will recommend more appropriate services.

9. I understand that 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:

(a) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions

(b) 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 treatment provider to do the same on their end.

10. I understand that dissemination of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without my written consent.

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

Client's Signature: _____   **Date**_____

Therapist's Signature: _____   **Date**_____