

Thea Stanford, M.Ed, LMFT
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Telehealth Informed Consent

Telehealth allows therapists to diagnose, consult, treat and educate using interactive audio, video or data communication regarding treatment. I, _____ (client name), hereby consent to participating in psychotherapy via video conference (hereinafter referred to as Telehealth) with Cynthia (Thea) Stanford, M.Ed., LMFT.

I understand the following rights, responsibilities, and conditions of this agreement:

1. I have a right to confidentiality with Telehealth under the same laws that protect the confidentiality of my medical information for in-person psychotherapy. Any information disclosed by me during the course of my therapy, therefore, is generally confidential.
2. There are, by law, exceptions to confidentiality, including mandatory reporting of child, elder, and dependent adult abuse and any threats of violence I may make towards a reasonably identifiable person. I also understand that if I am in such mental or emotional condition to be a danger to myself or others, my therapist has the right to break confidentiality to prevent the threatened danger. Further, I understand that the dissemination of any personally identifiable images or information from the Telehealth interaction to any other entities shall not occur without my written consent.
3. I understand that while psychotherapeutic treatment of all kinds has been found to be effective in treating a wide range of mental disorders, personal and relational issues, there is no guarantee that all treatment of all clients will be effective. Thus, I understand that while I may benefit from Telehealth, results cannot be guaranteed or assured.
4. I further understand that there are risks unique and specific to Telehealth, including but not limited to, the possibility that our therapy sessions or other communication by my therapist to others regarding my treatment could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons. In addition, I understand that Telehealth treatment is different from in-person therapy and that if my therapist believes I would be better served by another form of psychotherapeutic services, such as in-person treatment, I will be referred to a therapist in my geographic area that can provide such services.
5. With Telehealth there is the question of where is the service occurring. By utilizing a Telehealth service with Thea Stanford, I agree that the "point-of-service" of therapy is to occur in the therapist's state of residence and licensure, and that I understand that I am bound by the laws of the State of Vermont as they pertain to psychotherapy.
6. I understand that Thea Stanford, M.Ed., LMFT uses the video platform VSee to provide Telehealth services. VSee is considered to be secure because it is reported by the manufacturer to meet privacy guidelines acceptable under HIPAA. Despite the manufacturer's representations, Thea Stanford does not independently certify that this product meets

encryption criteria for HIPAA compliance. I release Thea Stanford from any liability in the event that Telehealth via VSee is not secure and confidential as reported by the manufacturer.

I have read and understand the information provided above. I have the right to discuss any of this information with my therapist and to have any questions I may have regarding my treatment answered to my satisfaction.

I understand that I can withdraw my consent to Telehealth communications by providing written notification to Prepare to Change. My signature below indicates that I have read this Agreement and agree to its terms.

Client Signature

Date

Parent/Guardian Signature if client is under 18

Date