

Barry R. Burkhart, Ph.D., FACLInP
Diplomate in Clinical Psychology

Crystal K. Kelley, Ph.D., FACLInP
Diplomate in Clinical Psychology

Susan N. Bourg, Ph.D.

Sara E. Sutton, Ph.D.

Raven A. Livingston, MS, LMFT



CLINICAL PSYCHOLOGISTS, P.C.

248 East Glenn Avenue Auburn, Alabama 36830
Office (334) 821-3350 Fax (334) 821-3252

Zofia A. Wilamowska, Ph.D.

Jessica V. Stokes, Ph.D.

Ashley Norwood-Strickland, Ph.D.

Kellie C. Pope, Ph.D.

Lindsey T. Davis, Ph.D.

Tiffany Lonis-Shumate, MS, LMFT

Online Consulting/Teletherapy Informed **Consent Form**

I, _____, hereby consent to engage in online consulting/teletherapy with _____. I understand that online consulting/teletherapy includes consultation, treatment, transfer of medical data, email, telephone conversations, and education using interactive audio, video, and/or data communications. I understand that online consulting/teletherapy also involves the communication of my medical and/or mental health information, both orally and visually.

I understand that I have the following rights with respect to online consulting/teletherapy.

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical and/or mental health information also apply to online consulting/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 discussed in detail with my psychologist.
3. I understand that there are risks and consequences from online consulting/teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of _____ that: there transmission of my information could be disrupted or distorted by technical failures.
4. In addition, I understand that online consulting/teletherapy based services and care may not be as complete as face-to-face services. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy or psychological intervention, and that despite my efforts and the efforts of my consultant/psychologist, my condition may not improve, and in some cases may even get worse.
5. I understand that I may benefits from online consulting/teletherapy, but that results cannot be guaranteed or assured.
6. I understand that I am responsible for (a) providing the necessary computer, telecommunications equipment, and internet access for my online consulting/teletherapy

sessions, and (b) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my online consulting/teletherapy session.

7. I accept that online consulting/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; or call the on-call psychologist at (334)-332-7214.

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

Client (or Guardian's) Signature

Print Name

Date