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### Electronic Data Communication

#### Informed Consent Form

I, \_\_\_\_\_, hereby consent to engage in online consulting/teletherapy and/or electronic communication (i.e.: email, phone, text, etc.) with \_\_\_\_\_ . I understand that online consulting/teletherapy/electronic communication includes consultation, treatment, transfer of medical data, email, telephone conversations, text, and education using interactive audio, video, and/or data communications. I understand that online consulting/teletherapy/electronic communication 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/electronic communication.**

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/electronic communication. 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 clinician.
3. I understand that there are risks and consequences from online consulting/teletherapy/electronic communication, including, but not limited to, the possibility, despite reasonable efforts on the part of your clinician and Clinical Psychologists, P.C. that: there transmission of my information could be disrupted or distorted by technical failures.
4. In addition, I understand that online consulting/teletherapy/electronic communication 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 clinician, my condition may not improve, and in some cases may even get worse.
5. I understand that I may benefit from online consulting/teletherapy/electronic communication, 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/electronic communication 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/electronic communication 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 clinician at (334)-332-7214.

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

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Client (or Guardian's) Signature

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Print Name

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Date