



Teletherapy Services Informed Consent Agreement

I _____ hereby consent to engaging in teletherapy/coaching/consulting with Amber Madden, LPCA of Madden Wellness Counseling, PLLC. I understand that teletherapy includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that teletherapy/coaching also involves the communication of my medical/mental information, both orally and visually. I understand all teletherapy sessions will be conducted utilizing iCouch software services, a HIPPA compliant management system.

I understand that I have the following rights with respect to 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 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, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.
- (3) I understand that 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 information could be accessed by unauthorized persons.

In addition, I understand that teletherapy based services and care may not be as complete as face-to-face services. I also understand that if my counselor believes I would be better served by another form of therapeutic services (e.g. face-to-face services) I will be referred to a professional who can provide such services in my area. Finally, 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 counselor, my condition may not be improve, and in some cases may even get worse. I understand that I may benefit from teletherapy, but results cannot be guaranteed or assured.

I have read and understand the information provided above. I have discussed it with my counselor, and all of my questions have been answered to my satisfaction.

Signature of Client

Date

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