

# *Solid Foundations Therapy, Inc*

5201 Washington St, suite 2, Downers Grove, IL 60515

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## **Informed Consent to Telehealth**

I \_\_\_\_\_, hereby consent to participating in psychotherapy via the internet (hereinafter referred to as Telehealth) instead of in person therapy with a therapist at Solid Foundations Therapy, Inc. Telehealth allows my therapist to diagnose, consult, treat and educate using an interactive HIPPA compliant video service ( doxy.me).

I understand I have the following rights under this agreement: 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.

By law, there are 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 sharing personally identifiable images or information from the Telehealth interaction to any other entities shall not occur without my written consent. I understand that while psychotherapy 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.

I understand that while I may benefit from Telehealth, results cannot be guaranteed. I further understand that there are risks unique and specific to Telehealth, such as, the possibility that our therapy sessions could be interrupted, disrupted or distorted by technical failures or could be accessed by unauthorized persons.

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 psychotherapy, such as in-person treatment, they have the right to require that we meet in person or I will be referred to a therapist in my geographic area that can provide such services if i'm not within reasonable distance of Solid Foundations Therapy physical office.

I have the right to discuss any of this information with my therapist.

I Have read and understood all of the above information

\_\_\_\_\_  
Client Signature (if under 12, Parent/Guardian Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature (if under 12, Parent/Guardian Signature)

\_\_\_\_\_  
Date