

**Constance A. Kehrer, Ph.D.**  
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## **Teletherapy Informed Consent Form**

I \_\_\_\_\_ [name of Client] hereby consent to engaging in teletherapy with Dr. Constance Kehrer as part of my psychotherapy. I understand that “teletherapy” includes the practice of health care delivery, assessment, diagnosis, consultation, treatment, transfer of health care data, and psychoeducation using interactive audio, video, or data communications. I understand that teletherapy may also involve the communication of my mental health information, both orally and visually, to health care practitioners located in or outside of Washington.

**Technology:** I understand that Dr. Kehrer uses SecureVideo to conduct teletherapy services, which is fully HIPPA compliant and provides Dr. Kehrer with a signed Business Associate Agreement. I understand that on occasion, technological difficulties may necessitate the use of another teletherapy platform and/or the telephone in order to complete the session. I agree to provide Dr. Kehrer with a telephone number where I can be reached in the event of service disruption.

**Scheduling:** I understand that teletherapy sessions are scheduled in advance with Dr. Kehrer and that in the event I wish to cancel, notification to Dr. Kehrer by 9 am the day prior to my appointment is requested.

**Fees and Payment:** I understand that teletherapy fees are the same as in-session fees, and that the same payment guidelines as outlined in Dr. Kehrer’s Disclosure and Agreement for Psychological Services will apply (i.e., either billed to my insurance or in the case of private pay, payment will be made via Zelle bank transfer either prior to or within one week following each session).

**Video/Audio Recording:** I understand that Dr. Kehrer **DOES NOT** record teletherapy sessions without prior permission.

**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 nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

(2) The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy 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. I also understand that the dissemination of any personally identifiable images or information from the teletherapy interaction to researchers or other entities shall not occur without my written consent.

(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 Dr. Kehrer, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. These risks are offset by Dr. Kehrer's use of a HIPPA-compliant teletherapy service.

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 Dr. Kehrer believes I would be better served by another form of psychotherapeutic service (e.g. face-to-face services) she will make every effort to refer me to a psychotherapist 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 Dr. Kehrer, my condition may not improve, and in some cases may even get worse.

(4) I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured.

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

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Client Signature

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Date

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Constance A. Kehrer, PhD

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Date