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Teletherapy Informed Consent Form

I _____ hereby consent to engage in teletherapy/online counseling with Nancy B. Sherrod, PhD. I understand that “teletherapy” is a form of online psychotherapy service provided via internet or telephone that may include 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.

Teletherapy/online counseling has the same purpose or intention as face-to-face psychotherapy or psychological treatment. However, due to the nature of the technology used, I understand that teletherapy/online counseling may be experienced differently than face-to-face sessions.

Client Rights, Risks and Responsibilities

I understand that I have the following rights and am aware of the following risks and responsibilities with respect to teletherapy/online counseling.

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 information also apply to teletherapy/online counseling. 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 in the Mandatory Disclosure and HIPAA forms provided to and signed by me by Nancy B. Sherrod, PhD.
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. Sherrod, 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 medical information could be accessed by unauthorized persons.
4. I understand that should telecommunications devices or connections not work properly such that teletherapy cannot go forward, Dr. Sherrod will make reasonable efforts contact me through confidential means, including telephone call, and I can choose to either continue via telephone, reschedule the session for the nearest possible opportunity, or proceed with any other previously discussed backup plan.
5. I understand that I may benefit from teletherapy/online counseling, but the results cannot be guaranteed or assured. I also understand that if Dr. Sherrod believes I would be better served by another form of therapeutic services (e.g. face-to-face services) she will discuss this with me and provide me

with the opportunity for a face-to-face session or referrals as necessary. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy.

6. I accept that 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. I may also call the Colorado Crisis Support Line at 844-493-8255 for free 24-hour hotline support. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support. Clients who are actively at risk of harm to self or others are not suitable for teletherapy/online counseling services. If this is the case or becomes the case in the future, my therapist will recommend more appropriate services.

7. I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session. I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy/online counseling.

8. I, the client, understand that I need to be located in the state of Colorado. (This is a legal requirement for licensed providers practicing in Colorado. Nancy B. Sherrod, PhD is a licensed Psychologist in the State of Colorado.)

9. I understand that although email may be used to communicate with Dr. Sherrod, confidentiality of emails cannot be guaranteed.

10. I understand that I have a right to access my medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law.

11. I understand that I will be billed for teletherapy sessions. I understand that my insurance company may have policies or rules regarding teletherapy that could affect my coverage. I understand that all other fees, arrangements, and policies I have agreed to with Dr. Sherrod regarding payment and insurance apply to teletherapy sessions.

Client (or Guardian's) Signature

Printed Name

Date