R.A.N Counseling
70 Woodfin Pl Suite 02
Asheville, North Carolina
28801
(828) 552-5260
rose@rancounseling.com

Consent for Teletherapy and Teletherapy Policy

Teletherapy Policy

I understand that appointments are scheduled for approximately 55 minutes and require a reliable internet connection and functioning audio/video equipment to be conducted safely and effectively.

I understand that it is my responsibility to ensure I have a stable internet connection and appropriate technology before the session begins. I understand that it is my responsibility to ensure I am able to access the teletherapy session link prior to my scheduled appointment time.

I understand that if technical issues prevent me from being able to engage in a telehealth session, that I will incur the $100 late fee.

If technical issues on my end prevent my therapist from adequately hearing, seeing, or understanding me, my therapist may determine that the session cannot be conducted safely or effectively and may end the session.

I understand that if telehealth sessions are significantly shortened (e.g., lasting 16 minutes or more but less than the scheduled 55 minutes) due to unresolved technical issues on my end, my therapist may determine that telehealth is not a viable treatment option. In such cases, my therapist may require future sessions to be conducted in person (if available) or may decline to continue providing services via telehealth.

I have discussed the use of remote sessions via voice/video technology with my therapist.

I am aware that remote sessions will not be the same as in person sessions.

I have spoken with my therapist about the safety and privacy issues related to the technology we will be using.

I understand that there are potential risks and downsides to remote therapy, including interruptions, technical difficulties, unauthorized access, and limitations regarding the types of techniques and activities that can be used remotely.

I understand that my therapist will try to ensure my privacy while hosting the session with me (e.g. in a room with a closed door). I will do my part in ensuring my privacy within my environment.

I understand that neither my therapist, nor I, will record the session unless we have consent from each other to do so.

I understand that all billing policies of _CLINIC-NAME_ will continue to apply when using voice/video technology, and that payment is expected at the time of my appointment. I am aware that if I do not cancel or reschedule my session 48 hours in advance, and/or if I do not show up for my remote session at the designated time, I will be billed for the appointment.

I agree to engage in remote therapy via voice / video technology.

☐ I agree to engage in remote therapy via voice / video technology.

Name:

Date: (YYYY-MM-DD)