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

## Consent for Voice or Teletherapy Sessions

Teletherapy Policy

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 or I can discontinue the voice/video therapy session if we perceive that the connections are not adequate for the situation.

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, using headphones). 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)