

Kids On Up Psychotherapy, Inc.

*Willowcrest Building
101 Conner Drive, Suite 203
Chapel Hill, NC 27514
www.KidsOnUp.com*

Teletherapy Informed Consent Form

I, _____, hereby consent to engage in Teletherapy with my Kids On Up Psychotherapy therapist.

Definitions

“Teletherapy” includes consultation, treatment, emails, telephone conversations, and other medical information using interactive audio, video, or data communications.

Kids On Up Psychotherapy uses the [Jituzu Client Portal](#) for HIPAA compliant video conferencing.

Legal and Confidentiality

Teletherapy occurs in the state of North Carolina, and is governed by the laws of that state; effectively, I am using this modality to visit my therapist in their NC office.

The laws that protect the confidentiality of my medical information also apply to teletherapy: I have a right to access my medical information and copies of medical records in accordance with HIPAA privacy rules and applicable state law.

Unless my therapist and I explicitly agree otherwise, I will not record teletherapy sessions nor have others in the room during my session.

I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

Risks

I understand there are risks associated with teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist and Kids On Up Psychotherapy, 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.

I am responsible for information security on my computer.

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.

In the event that teletherapy is not in my best interests, my therapist will explain that to me and suggest alternative options better suited to my needs.

Benefits

Teletherapy allows me to receive services at times or in places where the service may not otherwise be available, such as when I am unable to travel to my therapist's office. Under these circumstances, teletherapy may be more convenient and less prone to delays than in-person meetings.

I have read, understand, and agree to the information above.

Client's Name _____

Signature of Client or Legal Guardian _____

Date _____