JEN MCVANN, MS LMFT CST

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Teletherapy Informed Consent Form

I _____ hereby consent to engage in teletherapy, coaching, and/or consultation services with the providers at Jen McVann Therapy, LLC. I understand that "teletherapy" includes clinical consultation, treatment, transfer of medical/psychiatric data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that teletherapy, coaching and/or consultation also involves the communication of my medical, psychiatric, and mental health information, both orally and visually.

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.
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 or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the Policies form I filled out at intake and which is available at www.jenmcvann.com.
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 Jen McVann Therapy LLC, 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. 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 my provider believes I would be better served by another form of therapeutic service (e.g. face-to-face service) a plan will be made to accommodate that need which may include a referral to a profession who can provide such services in my area.
5. 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 my provider, my condition may not improve, and in some cases may even worsen. I understand that I may benefit from teletherapy, but the results cannot be guaranteed or assured.
6. I understand that by agreeing to undergo teletherapy with Jen McVann, MS, LMFT, CST I agree to be present in the state of Minnesota at the date/time of the service. I understand that my provider is operating as a licensed provider or supervisee in accordance with Minnesota statutes only.

   Please Initial _____

7. I agree to alert my therapist if I feel I may be better served by an in-person session or an in-person practitioner at which point my therapist will refer me to another provider if they are unable to meet in person.
8. 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. 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.

Please Initial_____

9. I understand that I am responsible for:
    a. Providing the necessary computer, telecommunications equipment, and internet access for my teletherapy sessions;
    b. The information security on my computer;
    c. Arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session.
10. I understand that while email, software, or a client portal may be used to communicate with my provider, confidentiality of emails cannot be guaranteed.
11. 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.
12. I have read, understand and agree to the information provided above.

_____ _____

Client (or Guardian) Signature Date

_____ _____

Client Printed Name Date