

H. Mari Grande
Art and Trauma Therapist

LCSW, LCAT, ATR-BC
LCSW-R# 73 076740
LCAT # 05 000197

295 Madison Avenue, 12th Floor
New York, NY 10017

Office 212-871-6856
Cell 917-535-7576
Fax 615-858-7576
mari@marigrande.com

CONSENT FOR TELETHERAPY

Introduction of Teletherapy:

- As a client or patient receiving behavioral services through teletherapy technologies, I understand:
- teletherapy is the delivery of behavioral health services using interactive technologies (use of audio, video or other electronic communications) between a practitioner and a client/patient who are not in the same physical location.
- The interactive technologies used in teletherapy incorporate network and software security protocols to protect the confidentiality of client/patient information transmitted via any electronic channel. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

Software Security Protocols:

- Electronic systems used will incorporate network and software security protocols to protect the privacy and security of health information and imaging data, and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption.*

Benefits & Limitations:

- This service is provided by technology (including but not limited to video, phone, text, apps and email) and may not involve direct face to face communication. There are benefits and limitations to this service.

Technology Requirements:

- I will need access to, and familiarity with, the appropriate technology in order to participate in the service provided.

Exchange of Information:

- The exchange of information will not be direct and any paperwork exchanged will likely be provided through electronic means or through postal delivery.

Storage:

- My communication exchanged with my practitioner will be stored in the following manner:

Encrypted digital files_____

Laws & Standards:

- The laws and professional standards that apply to in-person behavioral services also apply to telehealth services. This document does not replace other agreements, contracts, or documentation of informed consent.

Confirmation of Agreement:

_____ Client Printed Name

Signature of Client or Legal Guardian Date

H. Mari Grande _____ Printed Name of Practitioner

_____ Signature of