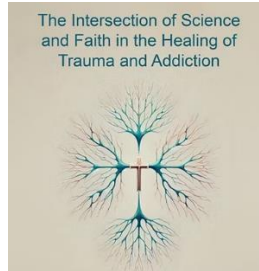


# Telehealth Consent Form

NeuroFaith, LLC  
Jeffrey E. Hansen, Ph.D.



1. I understand that I am about to engage in a video therapy session with Dr. Jeffrey E. Hansen, Ph.D.
2. I understand that the video conferencing technology will not be the same as an in- person with a provider due to the fact that I will not be in the same room as my provider. I also understand that, in order to have the best results for this session, I should be in a quiet place with limited interruption when I start the session.
3. I understand the potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my provider or I can discontinue the video therapy session if it is felt that videoconferencing connections are not adequate for the situation.
4. My provider agrees to inform me and obtain my consent if another person is present during the consultation, for any reason. I agree to inform my provider if there is another person present during the session or if I wish to tape the session.
5. I understand that there are alternatives to video therapy sessions available, including the option of finding another provider to see in-person if available in my area.
6. I understand that I can direct questions about this video therapy session at any time to my provider.
7. I understand that this consent will last for the duration of the relationship with my provider, including any additional video therapy sessions, I may have. I can withdraw my consent for a video therapy session at any time.
8. I understand the same confidentiality protections, limits to confidentiality, and rules around my records apply to a video therapy session as they would to an in- person session.
9. I agree to work with my provider to come up with a safety plan, including identifying one or two emergency contacts, in the event of a crisis situation during our sessions.
10. I understand that my provider may decide to terminate video therapy services, if they deem it inappropriate for me to continue therapy through video sessions.

By signing this form, I certify that I have read or had this form read and/or had this form explained to me.

**Client signature:** \_\_\_\_\_

**Printed name:** \_\_\_\_\_