

Ellen Wilkins Counseling and Therapy
Ellen Wilkins, LMFT, PT
210 25th Ave. N., Suite 601
Nashville, TN 37203
615-308-8680

Consent for Online Therapy Sessions

1. I understand Ellen Wilkins wishes me to engage in online therapy sessions.
2. Ellen has explained to me how video conferencing technology that will be used for therapy sessions will not be the same as a direct client visit due to the fact that I will not be in the same room as my therapist.
3. I understand an online therapy session has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks in using this technology, including interruptions, unauthorized access, and technical difficulties. I understand my health care provider or I can discontinue the telehealth consult/visit if it is felt the videoconferencing connections are not adequate for the situation.
5. I have had a direct conversation with Ellen Wilkins, during which I had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

FaceTime, Skype or Zoom service may be used to conduct telehealth videoconferencing appointments. These are simple to use and there are no passwords required to log in. By signing this document, I acknowledge Ellen Wilkins online therapy services is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.

1. To maintain confidentiality, I will not share my counseling/therapy appointment link with anyone unauthorized to attend the appointment.
2. If there is technology failure, Ellen will call you on your cell phone to continue the session.
3. I understand the confidentiality from my computer is controlled by myself and is not my therapist's responsibility.

By signing this form, I certify:

1. I have read or had this form read and/or had this form explained to me
2. I fully understand its contents including the risks and benefits of the procedure(s).
3. I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

I, _____, give informed consent to Ellen Wilkins, LMFT to provide online therapy services.

Signature: _____ Date: _____

Signature: _____ Date: _____