





Teletherapy via VSee\* or Gsuite Meet is considered to be secure because it is reported by the manufacturer to be encrypted and therefore confidential so that it meets HIPAA acceptable privacy guidelines. Despite the manufacturer's representation, we do not independently certify that it meets encryption criteria for HIPAA compliance, and therefore you release Kellin from any liability in the event that teletherapy via VSee or Gsuite Meet is not secure and confidential as reported by the manufacturer.

Teletherapy may be received either from your chosen environment (e.g., home or work) or from a another location of your choice. You understand that you are responsible for (1) providing the necessary computer, telecommunications equipment and internet access for Teletherapy sessions; (2) the information security on your computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions and intrusions, and sufficient for privacy to protect your personal health information.

I understand that there are risks and consequences from Teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of the provider, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. Other risks include Viruses, Trojans, and other involuntary intrusions have the ability to grab and release information you may desire to keep private. Furthermore, with Teletherapy, there is the risk of being overheard by anyone near you if you do not place yourself in a private area and protected from other's intrusion. You maintain sole responsibility for ensuring the privacy of your surroundings if participating in Teletherapy. Finally, you understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my provider's efforts, my condition may not improve, and in some rare cases may even get worse.

Payment for Teletherapy must be determined in advance with your provider or the practice. In NC, not all plans are fully insured or provide coverage for Teletherapy. In either event, a credit card must be kept on file for payment at the time of service, or payment must be made prior to the session. Some clients choose to pay in advance and leave credit balances on their account to cover future Teletherapy services when geographic distance precludes attendance on site. Please discuss coverage with your provider, and whether your insurance plan will cover the service.

Your signature and /or your representative's signature below indicate that you and/or your representative have read, understand and are in agreement with the terms and conditions of this agreement, including the following:

- You have read this agreement and agree to its terms
- You acknowledge that you have received the HIPAA Privacy Policy and Clients Rights and Responsibilities documents
- You have reviewed and agree to the Financial Agreement
- You have had the opportunity to ask any questions that you may have related to this agreement

\_\_\_\_\_  
Print Name of Client

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian  
(if client under 18-years-old)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date