### INFORMED CONSENT ADDENDUM FOR ONLINE THERAPY

This form is designed to allow you to give informed consent for the use of video technology for online therapy. This is to be used in conjunction with, and does not replace, the Informed Consent to Treatment document.

Online therapy or teletherapy is defined as the use of technology to provide a therapy session. I will use thera-LINK, a HIPAA compliant platform that uses video and audio technology through a webcam on your device and my device to connect us securely and uses encrypted data streams for our video sessions. Any data that is stored outside of our video session on the thera-LINK platform (such as documents and schedule) is encrypted and meets or exceeds all HIPAA guidelines.

With all technology, there are also some limitations. Technology may occasionally fail before or during our session. The problems may be related to internet connectivity, difficulties with hardware, software, equipment, and/or services supplied by a 3rd party. Any problems with internet availability or connectivity are outside the control of the therapist and the therapist makes no guarantee that such services will be available or work as expected.

If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video, the therapist will text or call you with further instructions. If, for any reason, we are unable to connect and you are in an immediate crisis or a potentially life-threatening situation, get immediate emergency assistance by calling 911.

CONSENT TO TREATMENT VIA TELEHEALTH

I agree to take full responsibility for the security of any communications on my own computer and in my physical location. I understand I am solely responsible for maintaining the strict confidentiality of my user ID and password; and will not allow another person to use my user ID to access the services. I also understand that I am responsible for using this technology in a secure and private location to maintain my confidentiality during therapy. I understand that there will be no recording of any of the online session and that all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without my written permission, except where disclosure is required by law. I understand that I am not allowed to do any recording, screenshots, etc. of any kind, of any session, and are grounds for termination of the client-therapist relationship.

I voluntarily agree to receive online therapy services for assessment, continued care and treatment, and authorize DeAnne Brining, LMFT to provide these online sessions. I understand and agree that I may withdraw consent for online services at any time. I understand DeAnne Brining, LMFT will determine on an on-going basis whether the condition being assessed and/or treated is appropriate for online therapy. By signing this Informed Consent, I, the undersigned client, acknowledge that I have both read and understood all the terms and information contained herein and have had the opportunity to seek clarification of anything unclear to me.

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Client Signature

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(Parent/Guardian Signature)