



0. INFORMED CONSENT FOR ONLINE COUNSELING (TELE THERAPY) SERVICES

Informed Consent for Telehealth Treatment

I hereby consent to participate in online counseling services (also known as Teletherapy or e-therapy) with the therapist(s) associated with Life in Motion LLC.

I understand that online counseling services include, but are not limited to, consultation, treatment and using video and audio or other forms of data communications and such sessions are held in the states of Kentucky or Indiana and governed by Kentucky and Indiana state laws.

By checking the following sections, I agree that I understand the following risks and my rights regarding conducting therapy sessions online.

- I understand that there are some risks from participating in therapy sessions that include, but are not limited to, the interruption or distortion of the transmission of my medical/mental health information due to technical failures, the transmission of the session or information may be interrupted by unauthorized persons, the possibilities of Viruses, Trojans and other unforeseen intrusions despite the best effort of the therapist or Life in Motion LLC to prevent such issues.
- I hereby give my informed consent for the use of telemental health in my care.
- Online counseling may not be as effective as face to face counseling due to failure to read body language, the limits to interactions between therapist and client or a client-facing emergency that is best served with face-to-face sessions. The therapist has the right to refer the client out to an agency in the client's community or the closest emergency medical center. This may include if the therapist feels that this mode of counseling is not benefiting the client if the client is in jeopardy of self-harm or the client feels they are not getting better.
- I have the right to withdraw this consent at any time without affecting my right to future care or treatment with Life in Motion LLC.
- The therapist will observe the laws that protect my rights of confidentiality by conducting sessions in a closed, inaccessible office as in a face-to-face session. I also understand to protect my privacy I must do the same and do not hold the therapist or Life in Motion LLC. liable for my failure to do so.
- I understand that the laws of confidentiality are limited due to state and federal laws in cases where the therapist believes or is aware of, the abuse of a child, adult or elder; expressed threats of violence towards self or another person; or upon court order of a judge in a legal proceeding.
- The use of my image or information will not be shared with anyone such as researchers or other public entities without my written permission.
- I have the right to access my medical information at any time in accordance with HIPAA privacy rules and Kentucky and Indiana state law. I can do so with a signed release form obtained from my therapist.

I understand that while there are many that benefit from online therapy sessions, I may not, and do not hold the therapist or Life in Motion LLC liable for the possible ineffectiveness of using online therapy.

I have read and I understand all the risks and rights described above regarding online counseling.

Name and Phone Number of Your Local Police/Sheriff's Station:

Name:

Client Signature:

Date: