

**Bonnie Mucklow, LPC, LMFT, CACIII
7000 E. Belleview, STE 203
Greenwood Village, CO 80111**

TELETHERAPY INFORMED CONSENT FORM

Definition of Services:

I hereby consent to engage in teletherapy with Bonnie Mucklow, LPC. Teletherapy is a form of behavioral health service provided via secure internet technology, which can include consultation, treatment, transfer of medical data, emails, telephone conversations and/or education using interactive audio, video, or data communications. I also understand that teletherapy involves the communication of my medical/mental health information, both orally and/or visually.

Teletherapy has the same purpose or intention as psychotherapy sessions that are conducted face-to-face at the office of Bonnie Mucklow. However, due to the nature of the technology used, I understand that teletherapy may be experienced somewhat differently than face-to-face treatment sessions.

I understand that I have the following rights with respect to teletherapy:

Client's Right, Risks and Responsibilities:

- 1. I, the client must be a resident of Colorado. This is a legal requirement of mental health professionals practicing in this State under a Colorado license. If I will not be residing in either state during teletherapy treatment, I will need to inform Bonnie Mucklow of this so that she can establish the rules pertaining to 'therapist visitor' status in my state. This varies among states.**
- 2. I, the client, have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.**
- 3. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the Client Disclosure Statement form I received at the start of psychotherapy treatment. I further understand that the Colorado Department of Regulatory Agencies provides oversight for the services provided by Bonnie Mucklow. Information concerning the Colorado Department of Regulatory Agencies was provided and discussed in the Client Disclosure Statement.**

4. I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite best efforts to ensure high encryption and secure technology through the use of www.Doxy.me, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be access by unauthorized persons.
5. There is a risk that services could be disrupted or distorted by unforeseen technical problems.
6. In addition, I understand that teletherapy based services and care may not be as complete as face-to-face services. I also understand that if Bonnie Mucklow believes I would be better served by another form of therapeutic services, I will be referred to a professional who can provide such services in my area.
7. I understand that I may benefit from teletherapy but that results cannot be guaranteed or assured. I understand that there are potential risks and benefits associated with any form of psychotherapy and that despite my efforts and the efforts of my psychologist, my condition may not improve.
8. I accept that teletherapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1-800 273-8255 for free 24 hour hotline support. Clients who are actively at risk of harm to self or others are not suitable for teletherapy services. If this becomes the case in the future, Bonnie Mucklow will recommend more appropriate services.
9. I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy. I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, (2) the information security on my computer and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusion for my teletherapy session. It is the responsibility of the behavioral health treatment provider to do the same on their end.
10. I understand that dissemination of any personally identifiable images or information from the teletherapy interaction to researchers or other entities shall not occur without my written consent.
11. I understand that I have the right to access my medical information and copies of medical records in accordance with Colorado law.

I have read, understand and agree to the information provided above:

Client Signature: _____ Date _____

Therapist Signature: _____ Date _____