



CONSENT TO PARTICIPATE IN A VIDEO THERAPY SESSION

Client's Name: _____ Date of Birth: _____

I understand that my therapist _____, wishes me to engage in a video therapy session.

1. My therapist has explained to me how the video therapy technology will work and that this consultation will not be the same as a direct face-to-face visit
2. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my therapist or myself can discontinue the session if it is felt that the video conferencing connections are not adequate for the situation.
3. I understand that a scheduled video therapy session is the same as an office session in terms of my responsibility for attending on time as well as for payment of fees.
4. I have read this document carefully, and understand the risks and benefits of video therapy and have had my questions regarding the procedure explained. I hereby consent to participate in a video therapy session under the terms described above.

Patient's Rights and Responsibilities have been made available to me and I have read and understand these rights and responsibilities.

I have declined a copy of the **Patient's Rights and Responsibilities** and am aware that they are available to me at www.newhorizoncounselingnrh.com or on request in the future.

Patient's/parent/guardian signature _____

Date _____

Therapist's Signature _____

Date _____