

## TELETHERAPY PARTICIPATION CONSENT

If you have been invited to participate in the Relationship Institute Teletherapy Program, please be advised that we use a secure, HIPAA compliant video conference software program in order to protect your confidentiality. Be informed that even secure transmission of information online is potentially vulnerable to interception by unauthorized parties. Please be aware that it is your responsibility to take steps to preserve your privacy by using a nonshared computer for teletherapy sessions, using a strong password for your account, and connecting via a secure network. If you have concerns about the confidentiality of teletherapy participation, please discuss with Relationship Institute staff. I consent to use secure video conference software for teletherapy sessions. I am aware of the risks of using even secure means of video communication to transmit my protected health information.

**Client Signature** 

Date