

Counselling Consent Form for Teletherapy Sessions

This **counselling consent form** sample provides clear guidelines for teletherapy sessions, ensuring mutual understanding between therapist and client. It outlines the confidentiality, risks, and benefits associated with remote counselling to promote informed consent. Using this template helps establish a professional and ethical framework for effective virtual therapy.

Client Information

Name: _____
Date of Birth: _____
Address: _____
Phone/Email: _____

Therapist Information

Name: _____
Credentials: _____
Contact Information: _____

Purpose of Teletherapy

Teletherapy involves providing psychotherapy services remotely using secure online platforms.

Confidentiality

- Your privacy and confidentiality will be maintained to the highest standard possible.
- All teletherapy sessions will be conducted via encrypted platforms approved by the therapist.
- Exceptions to confidentiality include risk of harm to self/others, abuse, or as required by law.

Potential Risks and Benefits

- **Benefits:** Increased accessibility, convenience, and flexible scheduling.
- **Risks:** Possible technical failures, limits to confidentiality, and challenges in reading non-verbal cues.

Emergency Procedures

Teletherapy is not suitable for emergency situations. In an emergency, please contact 911 or your local emergency services.

Consent

I have read and understand the information provided above regarding teletherapy counselling. I consent to participate in teletherapy sessions and understand the potential risks and benefits.

Client Name: _____
Signature: _____
Date: _____

Therapist Name: _____
Signature: _____
Date: _____