

# Online Therapy Consent Form Sample for Telehealth

Access our **online therapy consent form sample** to streamline telehealth sessions and ensure client understanding. This template covers essential aspects like confidentiality, session protocols, and data security. Perfect for therapists seeking compliance and clarity in virtual care agreements.

Client Information

Full Name:

Date of Birth:

Email Address:

Consent and Agreement

1. Telehealth Service Overview

I understand that telehealth involves the use of electronic communications to enable therapy sessions between me and my therapist, including video, audio, and/or email.

2. Confidentiality

My therapist will maintain confidentiality as required by law. I understand that there are potential risks, including interruptions and unauthorized access, associated with electronic communication.

3. Session Protocols

- Sessions will be scheduled in advance.
- An appropriate, private setting is required on both ends.
- Technical failures may occasionally interrupt service.

4. Data Security

Communications are protected with encryption and secure platforms to safeguard privacy.

5. Client Rights

- I may withdraw consent at any time.
- I may ask questions or request clarification on telehealth services.

☐ I have read and understand the information provided above. I consent to participate in telehealth therapy sessions.

Client Signature:

Date:

Submit