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Informed Consent for Telehealth and Teletherapy Services

PATIENT NAME: _____

I consent to receive psychological treatment via telehealth with Scott Willis, Ph.D. This modality may facilitate my access to professional services and my treatment goals. I understand that telehealth services may include evaluation, assessment, consultation, treatment planning, as well as psychotherapy and counseling.

I understand I have the following rights and responsibilities with respect to telehealth and teletherapy:

I have the right to withhold or remove consent at any time without affecting my right to future care or treatment.

The laws that protect the confidentiality of my personal information also apply to telehealth as do the exceptions to confidentiality. As such, I understand the information and content of a telehealth session is confidential. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.

I understand that there are risks and consequences from telehealth that differ from in-person sessions. These can include, but are not limited to, the transmission of my session and personal information could be disrupted or distorted by technical failures and/or the transmission of my personal information could be interrupted by unauthorized persons. The teletherapy sessions will not be recorded.

I understand it is my responsibility to choose: A quiet and private location, free from distractions; A secure internet connection; and a device that maintains my privacy and prevents interruptions during a teletherapy session.

I understand I will be responsible for any copayment, deductible or coinsurance that applies to my teletherapy session. This may or may not be reimbursed by your insurance or the same cost as face-to-face sessions.

In signing this document, I agree that certain situations including emergencies and crises are inappropriate for text, audio (phone), and/or video services. If I am in crisis or I am experiencing a medical or psychiatric emergency, I should immediately call 911 or go to the nearest hospital or crisis facility.

In signing this document, I understand that emergency situations may include thoughts about hurting or harming myself or others, having uncontrolled psychotic or manic symptoms, experiencing a life threatening or emergency situation, abusing drugs or alcohol or experiencing other concerns which may present a risk to your safety.

I have read and understand the above information and agree to participate in telehealth services with Dr. Scott Willis

Signature: _____

Date: _____

Email: _____

Phone: _____

Address (physical location during telehealth sessions):
