



CONSENT TO ONLINE/VIRTUAL THERAPY & TELEHEALTH**

“Online Therapy”, “Virtual Therapy” and “Telehealth” services consist of therapy services which utilize technologies that are received at a different site from where the clinical service provider is physically located. “Online Therapy”, “Virtual Therapy” and “Telehealth” services include no consideration related to distance, and may refer to a site in a location that is in the office next door to the clinical service provider or thousands of miles from the clinical service provider. “Online Therapy”, “Virtual Therapy” and “Telehealth” services can be beneficial to clients who are unable to come to a physical office on a regular basis. Online therapy includes, but is not limited to, clinical consultation, treatment, transfer of medical/psychiatric data, emails, telephone conversations and education using interactive audio, video, or data communications. Online therapy offered by Dr. Alishia Kalos is of a voluntary nature, and it may be ended by you at any time.

Confidentiality is extremely important. Information that you reveal during treatment will be kept strictly confidential. The laws that protect the confidentiality of your personal information, such as HIPAA, also apply to Online Therapy. Dr. Kalos offers “Online Therapy”, “Virtual Therapy” and “Telehealth” services through HIPPA-secure platforms (e.g., Doxy.me, Zoom, etc.) and non-secure platforms (e.g., FaceTime, Google Duo, phone call, other video/audio platforms). Dr. Kalos cannot guarantee the confidentiality of information shared during “Online Therapy”, “Virtual Therapy” and “Telehealth” services for clients who choose to utilize non-HIPPA secured platforms.

There are risks and consequences from “Online Therapy”, “Virtual Therapy” and “Telehealth” services even for clients who choose to utilize HIPPA-secured platforms, including, but not limited to, the possibility, despite reasonable efforts on the part of Dr. Kalos that: the transmission of your information could be disrupted or distorted by technical failures; the transmission of your information could be interrupted by unauthorized persons; and/or the electronic storage of your medical information could be accessed by unauthorized persons.

Treatment offered by Dr. Kalos is of a voluntary nature, except when mandated by the court, and may be ended by you at any time. When treatment is mandated by the court, it is your responsibility to share the Court Order with Dr. Kalos at the outset of treatment so that the purpose and terms of the therapy can be clarified, including how communications and information about the therapy are to be shared.

All terms identified in the forms for consent to therapy in person/at a physical office site with Dr. Kalos apply to “Online Therapy”, “Virtual Therapy” and “Telehealth” services including terms outlined with regard to:

- Confidentiality
- What to expect/Risks and Benefits
- Payment
- Cancellation
- Couples/Relationship Therapy No Secrets Policy
- Couples/Relationship Therapy Court Proceedings/Subpoena of Records Policy
- Subpoena

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I have read, understand, and agree to the information above:

Name of participant

Signature of participant Date

***The consent agreement will remain in effect until therapy has been terminated or there is a lapse in treatment of longer than six months.*



Please allow Dr. Kalos, to send an appreciation letter to thank the professional who referred you (no clinical information will be included):

Title: _____ First Name: _____ Last Name: _____

Address: _____

Website: _____ Email: _____

Please provide your approving signature: _____