

## Consent and Statement of Understanding Regarding Teletherapy Sessions

### Client Information:

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

I hereby authorize Cara Maksimow, LCSW of Maximize Wellness to use TheraNest Telehealth Platform, which is a HIPPA compliant platform for telecommunication. Prior to each session you will receive a link from me with your individualized link which will be new for each appointment.

I understand that there is a possibility that our technology may fail during a teletherapy session, and that there may be an interruption or need to reschedule.

I understand that during the therapy process, my therapist may decide that teletherapy is not the most appropriate type of therapy for my needs, and may help connect me to other mental health services.

I understand that my therapist is only licensed to practice in the state of NJ. I understand that if I move or travel out of the state, I will need to obtain other mental health services.

I understand that I may revoke this authorization at any time by giving my written notice. I may specify the date, event, or condition on which this content expires. If none is stated, and if no prior notice of revocation is received, this consent will expire one year after the date initiated.

Please know that other forms of communication (meaning email, phone, text) outside of face to face are truly secure and confidential. Signing this document tells me that I have your permission to text appointment reminders, links or resources, however any confidential information will only be discussed face to face or electronically through teletherapy platform stated above.

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Therapist signature \_\_\_\_\_ Date \_\_\_\_\_