**CONTRACT FOR TELEHEALTH SESSIONS**

This contract indicates consent for distance-oriented behavioral health sessions, otherwise known as telehealth, which take place over a HIPPA compliant telehealth platform.

By signing this contract, I agree to the following:

* To find a quiet and protected space for our virtual sessions.
* That during our session time, no one else will be present in the room (unless indicated to the therapist and discussed prior to session).
* That no phone calls, texts, emails or web surfing will occur.
* That if there is a loss of connection, the therapist will initiate the call back.
* Sessions are scheduled for 60 minutes to account for any connection disruption, but the session shall last 45-50 minute as per residential session protocol.
* The session and the chat will not be recorded nor will screen shots be taken unless ex­pressly discussed prior to session and with clinical goals in mind.
* All rules regarding mandated reporting and reporting harm to self or others remain the same as residential sessions as per NASW ethical standards and legal protocol.

By signing this contract, I indicate my compliance with the above stated expectations. I reserve the right to revoke my consent, in writing, at any time. This consent will be valid for 1 year following the date of signature.

Client Name (Printed):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Client Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_