

Dr. Teresa M. Walters
Ed.D, MAMFT, LMFT, LAC, DTM

Telehealth Consent Form

I consent to teletherapy appointments with Dr. Teresa M. Walters and Chrysalis Connections, LLC, by filling out this form. I understand that telehealth can be interpreted to include services such as consultations, counseling, therapy, mentoring, coaching, educational training, email, telephone conversations, and other professional wellness services using interactive audio, video, or data communications.

This signed telehealth consent form represents my agreement with the following statements.

- As a client of Dr. Teresa Walters and Chrysalis Connections, LLC, I have the right to withhold or withdraw consent at any time.
- My service provider resides in Indiana, and Indiana State Law governs telehealth appointments and takes place in Indiana.
- All privacy and company policies of Chrysalis Connections, LLC, and Dr. Teresa M. Walters apply to telehealth appointments.
- My telehealth exchange with Chrysalis Connections, LLC, and Dr. Teresa M. Walters is confidential.
- Chrysalis Connections, LLC, and Dr. Teresa M. Walters will not record telehealth appointments.
- I will not record audio or video versions of my telehealth appointments.
- Unless my service provider and I agree, I will not include others in the appointment or have others in the room.
- I understand I am responsible for providing the necessary computer, telecommunications equipment, and internet access for my telehealth appointments.
- I understand I am responsible for the information stored on my computer.
- I understand that I am responsible for arranging a location with sufficient lighting and privacy, free from distractions and intrusions, during my telehealth appointments.

Client (1) Signature

Date

Client (2) Signature

Date