



INTEGRATED WELLNESS AND STRATEGIES, LLC

Amber W. Pearson, MA, LPC

Your path to healing and transformational growth...

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TELETERAPY SERVICES AGREEMENT & INFORMED CONSENT

DEFINITION OF SERVICES

TeleTherapy services are a form of psychological therapy service which is provided via secure internet technology. Specifically, TeleTherapy involves a therapist and a client interfacing via their computers over the internet at a prearranged time. It has the same purpose or intention as face-to-face psychotherapy treatment sessions, though it is not a universal substitute for this type of service. The TeleTherapy services provided by Integrated Wellness and Strategies, LLC occurs in the state of Colorado (USA) and are thus governed by the laws of this state.

CLIENT REQUIREMENTS

Clients who are at risk of harm to themselves or others are not suitable for TeleTherapy services. If you become suicidal or homicidal during treatment, please inform Amber Pearson and we will discuss options that will be more suited for you.

TECHNOLOGY REQUIREMENTS

You will need the following in order to engage in TeleTherapy sessions:

- A computer with:
 - A webcam and audio ability
 - Either a Google Chrome or Mozilla Firefox web browser
Note: Internet Explorer and Safari are not supported browsers
 - Internet access during scheduled sessions
- A phone (in case of technical difficulties)

In addition, in order to avoid being overheard by anyone in your vicinity during TeleTherapy, it is important that you place yourself in a private room. It is your responsibility to create a comfortable environment and safe environment on your end, while it is the responsibility of Amber Pearson to create the same on her end. Please go to [Doxy.me/AmberPearson](https://doxy.me/AmberPearson) to check in for sessions.

TELETERAPY SERVICE PROVIDER

The TeleTherapy service providers used by Integrated Wellness and Strategies, LLC is: Doxy.me. This service provider meets privacy and confidentiality standards according to HIPAA requirements.

RISKS AND RIGHTS OF TELETERAPY SERVICES

1. You have the right to withdraw from TeleTherapy service at any time. If you choose not to utilize TeleTherapy services it will not affect your right to further treatment, and you can continue face-to-face therapy with Amber Pearson.

2. TeleTherapy services may not be an appropriate treatment modality for every client and, at times, may even be counter-productive. Amber Pearson reserves the right as your therapist to determine if TeleTherapy sessions are not in your best interest. If this is determined, Amber Pearson will continue face-to-face services with you or provide referral information if necessary.
3. The same laws and policies which are stated in the MANDATORY DISCLOSURE & CONSENT FOR TREATMENT form in regards to regular psychotherapy, confidentiality, exceptions of confidentiality, etc. - also apply to TeleTherapy services.
4. It is possible that a TeleTherapy session may be disrupted or distorted by unforeseen technical issues. If you are disconnected during a session due to a technological issue, please stay logged into CarePaths and Amber Pearson will try to reconnect with you. If unable to reconnect the session, she will call you via phone.
5. The CANCELATION & NO SHOW POLICY remains the same for TeleTherapy services. If you are unable to connect to a TeleTherapy appointment at the allotted time, please send a message via CarePaths, or call Amber Pearson to let her know – otherwise your session will be considered a “No Show.” In circumstances where a connection cannot be made due to technical difficulties in the time allotted for a session (and you called Amber Pearson for assistance), you will not be charged a fee.
6. I accept that TeleTherapy is NOT designed for and will not be used as an emergency service.
7. Although all efforts are made to ensure high encryption and security in technology used, there is always a risk that transmission may be breached or accessed by unauthorized users.
8. You are responsible for making payments for TeleTherapy services that you participate in.

By signing below, you agree that you have read, understand, and agreed to the above TELETHERAPY SERVICES AGREEMENT & INFORMED CONSENT. In addition, you will assume all of the foregoing risks and accept personal responsibility for confidentiality issues regarding TeleTherapy services and recuse Amber W. Pearson, MA, LPC, Integrated Wellness and Strategies, LLC, and its staff from any liability if confidentiality is breached when these communications occur.

Client Name (printed)

Client Signature

Date

Copy provided to client.