**Teletherapy Consent Form**

I, [Client's Full Name], consent to engage in teletherapy services with Jessica Hartsaw MS LMFT-S, LPC-S using electronic means of communication. I understand that teletherapy involves the use of video, audio, or other telecommunications to provide psychotherapy services.

I acknowledge that there are potential risks to privacy and confidentiality in the use of electronic communication and that all reasonable steps will be taken to ensure the security of our communication.

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

Please Print Name:­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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