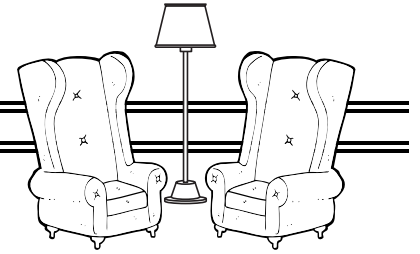


Meredith Manker, LPC



Meredith Manker
Counselor

TELETHERAPY CONSENT FORM

I, _____, hereby consent to engage in teletherapy with Meredith Manker, LPC, PA. Teletherapy is a form of counseling and consultation services provided through the internet, where the client and the therapist are not in the same physical location.

1. Clients are expected to give 24-hour notice for any change in appointment times or dates.
2. I understand there are risks in participating in teletherapy related to unexpected technical deficiencies of the internet or either the provider or the client's technical equipment.
3. Teletherapy does not provide emergency coverage.
4. The same laws that protect confidentiality of my medical information also apply to teletherapy. I have previously signed a consent form regarding these details with Meredith Manker, LPC, PA.
5. I understand that teletherapy may not provide the same satisfaction of service as face to face and that at any time I may ask for a referral or choose to discontinue therapy services.
6. I understand that there could be a lack of access to information that normally could be accessed through face-to-face counseling that could impair the therapist's judgement.

Client's signature _____ Date _____

Therapist's signature _____ Date _____