

**Carolyn Rodenberg, MA, LMFT, CCH
Caring Presence Psychotherapy, PLLC
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WA State License #LF00000863**

Consent for Telehealth Psychotherapy Services

I consent to receive psychotherapy through online video sessions. I understand that my therapist, Carolyn Rodenberg, is providing me with HIPPA compliant video through a secure platform, and that she practices from a secure location that provides the same degree of privacy and confidentiality as is given in her office.

To use teletherapy, I need a computer with a camera and microphone and internet access. Providing a dependable connection allows the session to run smoothly. However, occasionally, connectivity is unreliable. Therefore, if an interruption occurs, Carolyn will call me to re-establish communication.

Costs are the same for teletherapy as for in-person therapy, whether using insurance or self-pay. I can verify whether my insurance plan covers teletherapy by calling my insurance company.

By signing below, I agree to participate in therapy with Carolyn Rodenberg through online video sessions. This document becomes a part of the “Disclosure and Consent to Services” agreement that I signed upon becoming a client.

Sign Here

Print Name

Date