

## **Agreement to Receive Psychotherapy at Deeper Clarity Counseling Via Telehealth (online video)**

Name:

Due to concerns regarding the Covid-19 (Coronavirus) pandemic, I, the undersigned, agree on this date to receive psychotherapy treatment with Lynn Flewelling, Deeper Clarity Counseling, via the Theranest Telehealth platform in my Client Portal account. I understand that I will receive the same level of care, and that this is for both my and Lynn's safety. The video service is available on computer, phone, and tablet. *It is your right to refuse, and to receive your usual face to face therapy instead.* The Theranest portal is HIPPA compliant, meaning that your personal information, including credit card info, is secure.

I agree that if I pay out of pocket for sessions or a copay, I will allow Lynn to have my credit card on file for payment at time of service. Session fees and copayments remain the same, unless your insurer decides otherwise. I understand that it is my responsibility to contact my insurer and find out for sure if these services are covered, and if there is a different rate. I will inform Lynn of these.

I agree that we will continue with Telehealth until such time as it is deemed safe to meet in person again. I agree that I will work together with Lynn in advance of my next session to make sure that I understand how the portal works.

Signature:

Date: