



**NORTHSHORE**  
**CLINIC, LLC**

805 North 6<sup>th</sup> Street • Sheboygan WI 53081

Phone (920) 457-8866 • Fax (920) 457-8867

Date \_\_\_\_\_

Name of Client \_\_\_\_\_

Northshore Clinic, LLC is making changes to the way it is offering therapy on a temporary basis based on the recent outbreak of COVID-19. We will be implementing teletherapy effective immediately, which means appointments will be offered through your computer or phone screen. These appointments need to be face to face via computer or via telephone depending on the decisions of you and your therapist.

1) We will be utilizing Skype and Face Time as our platform for now. The federal government has waived privacy requirements in this matter for this period of time. Normally SKYPE and Face Time are not considered compliant with privacy standards. Please understand that these sites may not meet privacy requirements normally in effect and while we can maintain privacy on our end (therapist the only one in the room during an appointment), the client agrees to maintain the same privacy on their end. I understand this and agree to these terms: \_\_\_\_\_ (initials)

2) Computer or smart phone can be used for these appointments. Here are links to setting up Face Time and/or SKYPE on your device: <https://support.skype.com/en/faq/FA11098/how-do-i-get-started-with-skype> and for Face Time: <https://support.apple.com/en-us/HT204380>. If you have difficulty there may be a family member or friend who can help you.

3) Teletherapy is different than being in the same room as your therapist and we will all need to make adjustments to those differences in communication. I understand that there may be differences and/or limits to teletherapy and agree to participate: \_\_\_\_\_ (initials)

4) Scheduled appointments will continue to be made with your therapist.

5) Issues with internet connection, platform interruption or any other technological failure are possible and may pose a problem with my session.

6) Sessions will not be recorded and/or archived in any way either by my therapist or by me.

7) If a mental health emergency arises that cannot be dealt with via internet connection, I agree to contact 911. If my counselor believes that I am in danger of harm to self or others, I understand that s/he will contact the authorities: \_\_\_\_\_ (initials). I am providing this emergency contact name and number in the event of an emergency:  
\_\_\_\_\_ .

8) I unconditionally release and discharge my therapist and Northshore Clinic, LLC, its affiliates, agents and employees from any liability in connection with my participation in remote consultation.

9) I agree to refrain from driving, drinking, cooking or otherwise being engaged during my session.

10) I agree that this way of providing therapy is temporary, voluntary and that my therapist and I will develop a plan for termination of this manner of doing sessions when the time arises.

I have read this document carefully and fully understand the benefits and risks. I have had the opportunity to ask any questions and have received satisfactory answers. With this knowledge I voluntarily consent to participate in the tele behavioral method of counseling/therapy under the terms described herein.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

The above release is given on behalf of \_\_\_\_\_ because the client is a minor:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness