

**INFORMED CONSENT REGARDING TELE HEALTH/TELE THERAPY**

I, \_\_\_\_\_ understand that Tele Health/Tele Therapy is widely accepted and reliable delivery of mental health (counseling) services. Such services delivered by computer and or by phone should meet standards established by HIPPA. Dr. Phillips is using Zoom.us (Pro) which meets standards established by HIPPA.

I understand by agreeing to participate in Tele Health/Tele Therapy all forms of communication can have security risks regarding privacy and protection of personal health information (PHI).

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness