



THE TOOLKIT PROJECT, PLLC

Informed Consent for Video Therapy

Client Name: _____

Thank you for choosing The Toolkit Project, PLLC. Please read the following video therapy consent and sign below. If you have any questions, please let Dr. Mia L. Johnson know at drmjohnson@thetoolkitproject.net, and she will be happy to answer them.

1. I understand that my minor child is about to engage in a video therapy session with a licensed psychotherapist. This counseling service is being provided free-of-charge through my son/daughter's school, Chinquapin; once the student is no longer eligible for these benefits through Chinquapin, He or she may be able to continue the services at an agreed upon rate with a provider.
2. I understand that the video conferencing technology will not be the same as an in-person session with a provider due to the fact that the student will not be in the same room as the licensed psychotherapist. I understand that, in order to have the best results for this session, the student should be in a quiet place with limited interruptions during the session.
3. I understand the potential risks to this technology, include interruptions, unauthorized access and technical difficulties. I understand that the licensed psychotherapist or student can discontinue the video therapy session if it is felt that the videoconferencing connections are not adequate for the situation.
4. The licensed therapist agrees to inform me and obtain my consent if another person is present during the consultation, for any reason. I agree to inform the licensed therapist if there is another person present during the session or if I wish to tape the session.
5. I understand that there are alternatives to a video therapy session available, including the option of finding another provider to see in-person if available in my area.
6. I understand that I can direct questions about this video therapy session at any time to my licensed psychotherapist.



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7. I understand that this consent will last for the duration of the relationship with the licensed psychotherapist, including any additional video therapy sessions I may have; I can withdraw my consent for a video therapy session at any time, and The Toolkit Project, PLLC will work with me to find a suitable alternative.

8. I understand that same confidentiality protections, limits to confidentiality, and rules around my records apply to a video therapy session as they would to an in-person session.

9. I agree to work with the licensed psychotherapist to come up with a safety plan, including identifying one or two emergency contacts, in the event of a crisis situation during our sessions.

10. I understand that licensed psychotherapist may decide to terminate video therapy services if she deems it inappropriate for me to continue therapy through video sessions. The licensed psychotherapist will work with me to identify another provider for in-person care.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given opportunity to ask questions and that any questions have been answered to my satisfaction.
- That I give consent for my son/daughter to participate in a video therapy session(s) with Dr. Mia L. Johnson or another licensed psychotherapist from The Toolkit Project, PLLC.

Client's/parent/guardian signature

Date