



Sojourners Counseling Services

INFORMED CONSENT FOR TELEHEALTH

I, the client of _____ am requesting telehealth sessions.
(therapist)

I am not being asked to participate in telehealth by my therapist, but rather am pursuing this form of therapy for my own personal reasons. I understand that telehealth sessions are not always covered by insurance companies and understand that I will be held financially responsible for telehealth sessions not covered by my insurance. I understand that it is my responsibility to contact my insurance company to understand my benefits in relation to telehealth services provided by Sojourners therapists.

Signature _____
(Of client)

Date: _____

Signature _____
(Of parent/legal guardian)

Date: _____