

**From the office of Elizabeth Santana, LCSW, PC**

**Consent for Video Session**

Please Note: This consent is in addition to Email/Text consent.

**Client Name:** \_\_\_\_\_

Please read the following video session consent and sign below.

If you have any questions, please let your provider know, and they will be happy to answer them.

1. I understand that I am about to engage in a video session with my 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 I will not be in the same room as my provider. I also understand that, in order to have the best results for this session, I should be in a quiet place with limited interruptions when I start the session.
3. I understand the potential risks to this technology, include interruptions, and technical difficulties. I understand that my provider or I can discontinue the video session if it is felt that the video conferencing connections are not adequate for the situation.
4. My provider agrees to inform me and obtain my consent if another person is present during the consultation, for any reason. I agree to inform my provider if there is another person present during the session.
5. I understand that there are alternatives to a video counseling session available.
6. I understand that I can direct questions about this video session at any time to my provider.
7. I understand that this consent will last for the duration of the relationship with my provider, including any additional video sessions I may have; I can withdraw my consent for a video session at any time.
8. I understand that same confidentiality protections, limits to confidentiality, and rules around my records apply to a video session as they would to an in-person session.
9. I understand that my provider may decide to terminate video services, if they deem it inappropriate for me to continue through video sessions.

**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 agree to participation in a video session(s) with my provider, Elizabeth Santana, LCSW

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**Client's/parent/guardian signature**

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**Date:**