



I, _____ hereby agree to participate in Telehealth Services (phone sessions).

I am aware and agree that I am:

- a) At a secure location (safe and confidential);
- b) Aware of the limitations and restrictions associated with this service;
- c) Have assistance at that location if needed.

Signed and witnessed this _____ day of the month of _____, of the year _____.

Signature of Client

Date of Birth

Signature of Witness

Private and Confidential