



Teletherapy

I _____ hereby consent to engage in teletherapy with Dannel Wissler LPC, as part of my psychotherapy. I understand that this includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications.

The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim.

I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

I understand that I will notify Dannel Wissler, LPC in advance when to schedule the teletherapy session. The 55-minute session will be \$120 and will be charged to the credit card information that will be held on file.

I have read and understand the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

I understand the teletherapy does not provide emergency services, and if I am ever a danger to myself or others, that I will seek help by calling 911, going to my local hospital emergency room, or calling the National Suicide Hotline at 1-800-272-8255.

Signature of Client or Legal Guardian

DOB

Date

Sign Full Name

MM-DD-YYYY

MM-DD-YYYY

Signature of Therapist

Date

DANNEL WISSLER, LPC CAADC

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