

Kristin Burns, LCSW, SEP, RYT, DARE-P, IFS, RMT

Informed Consent for therapy
via telehealth/videoconference/phone

The following is intended to inform you about the possible benefits and limitations of therapy, including Somatic Experiencing® (SE), via telehealth/videoconference/phone sessions with Kristin Burns.

When using telephone/telehealth/videoconference, I understand that the information shared by myself or Kristin Burns cannot be guaranteed to be confidential (as it would be sitting in an office setting). This is because phone lines and internet connections are sometimes vulnerable to being picked up by outside sources. I understand that there can be no full guarantee of full confidentiality if I partake in therapy, including, SE sessions, via telephone/telehealth/videoconference with Kristin..

By signing below, I acknowledge I have read and agree to the above information. I am aware that I may stop receiving SE sessions via phone/telehealth/videoconference at any time should I feel it is no longer serving my needs and that Kristin will help me with referrals to other professionals should I so desire.

Signature

Date