



Kate Kauffman, LPC
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Authorization for Teletherapy

Your counselor uses HIPAA compliant software to provide online teletherapy to serve clients in rural parts of Oregon who do not have access to sensitive care in their community or viable transportation to Brave Space.

I, _____, have requested to use teletherapy services with Kate Kauffman, LPC. I confirm that I have read and agree to the following:

- I have been given information about how to use the teletherapy tool prior to the session.
- I will be responsible for securing a private space in my area to conduct the session, and maintaining the confidentiality of my side of the session.
- The counselor will conduct their service from a closed room with proper devices to ensure confidentiality at their office.
- I will only engage in teletherapy in an Oregon location disclosed to the therapist before the session.
- I will pay for teletherapy by providing a credit card number over the video, or by pre-paying by check, cash or credit card.
- I understand that confidentiality may be broken if I am at imminent risk of harm, and that my counselor has the right to notify local providers/authorities without my consent.
- The counselor will ensure that they are conferencing with the appropriate client, and have permission to speak with any other members who are present.
- The teletherapy session is encoded and secure, and will not be stored on any server. At the end of the session, it will be deleted and will not be added to my health record, unless I give written permission to do so for supervision and consultation purposes.
- Declining the use of this service will not affect any other services I wish to receive.
- If there is a technology failure before, during, or after your session, I agree to connect with the counselor by phone or email immediately after the failure.
- If I am experiencing a crisis and lose connection with the counselor, I will agree to follow the emergency plan created with my counselor prior to teletherapy.
- I understand that I have the right to terminate teletherapy services at any time. The counselor has the right to terminate teletherapy and refer me to local resources if I become significantly unsafe, my situation is significantly unstable, if I am unable to access the technology for continuing care, or if I fail to pay for services in a timely manner.

Signature of Client (youth): _____ Date: _____

Printed name: _____

Signature of Legal Guardian: _____ Date: _____

Printed Name: _____