

# **Lynn C. Smythe, M.S, LMFT**

Independent Practitioner Serving Snoqualmie Valley Communities  
15315 1st Ave NE (po box 1021), Duvall, WA 98019  
14090 Freylands Blvd. Monroe WA. 98272  
Tel: 425-736-8862 email: ticsmythe@hushmail.com

## **Tele-Health Therapy Informed Consent Addendum**

Tele-therapy (also known as distance counseling, video counseling, or telephone counseling) is the use of electronic communication to conduct counseling services. I offer teletherapy via phone or secure video under limited circumstances. This form is intended to clarify the framework and risks of the teletherapy services I provide and to give informed consent to the use of teletherapy. Please read this form carefully and feel free to ask me any questions you have about this information.

I may use teletherapy when extenuating circumstances occur or when inclement weather prevents a client or myself from safely accessing the regularly scheduled therapy office location. Under my MFT licensure, I am limited to only providing Teletherapy services to Washington State.

I use doxy.me an online, HIPAA compliant, secure video service for video sessions. I use a cellular phone for phone sessions. Both video and phone communication inherently involve certain risks. Although I take precautions to ensure confidentiality and privacy of all video or phone sessions, no communication conducted electronically is 100% secure.

Understand that internet transmissions such as texting, cell phone and tele-therapy (voice and visual) cannot be 100% guaranteed as secure against confidentiality breach. Such breaches could potentially occur through a number of means. Examples include a third party hearing conversations client invites through speaker of visual options or a malignant third party gains unauthorized access to computer or cell phone.

In order to increase security, I suggest that you only use a WiFi network that is secure via password protection (no public WiFi) and that you ensure that your physical location is private and free from distractions. Additionally, you are responsible for maintaining the strict confidentiality of your user ID and password or phone.

There will be no recording of any of the online/phone sessions and all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be released without your written permission, except where disclosure is required by law.

Therapy conducted online or over the phone is technical in nature and problems with reception, internet connectivity, hardware, or software may occasionally occur and therapy sessions may be interrupted. Any problems with internet availability or connectivity are outside my control and I make no guarantee that such services will be available or work as expected. If we are disconnected during a session, I will attempt to re-establish contact 3 times within a 10 minute time frame before discontinuing the session.

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I voluntarily agree to receive online video or phone therapy services from Lynn C. Smythe, M.S, LMFT. By signing this Informed Consent Addendum, I, the undersigned client, acknowledge that I have both read and understand all the terms and information contained herein. Opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

**By signing below, I am giving consent for therapy delivered via:**

Tele-therapy/Video:                      Yes / No  
Phone:    Yes / No

I do not and will not hold Lynn C. Smythe responsible for accidental breaches of confidentiality as we have decided to have correspondences via email, text, cell phones and telehealth/tele-therapy sessions (voice and visual) as needed . I agree that Lynn can reach me and leave messages at the phone numbers listed below. I realize Lynn’s professional line is a cell phone and I agree to be contacted and to contact Lynn via cell phone at Lynn’s discretion and per her professional boundary that all cancellations and rescheduling of sessions must be made via her professional cell phone line (emails or social media not being accepted for changes/cancellations of sessions).

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Client Name (printed)

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Client Signature    Date

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Therapist Signature    Date

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Cell phone number    Landline phone number

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Email ( Invitation to join me on doxy.me for video session will be sent to this address)