

Grace Duarte de Baker, LCSW

Licensed Clinical Social Worker
Psychotherapy for Adults, Children, Couples and Families.
CA 74511 TN 6737
Memphis, TN
(901) 245-2922
graceduartebaker@gmail.com

CONSENT FOR REMOTE SERVICES

- I understand that remote services involve the use of electronic technology for the exchange of information and communication by and with Grace Duarte de Baker, LCSW to provide remote services of evaluation and treatment in accordance of the client's needs or for any other situation that may require this time of service.
- I understand that there are risks and benefits of remote services and that Grace Duarte de Baker, LCSW has reviewed these with me (and my child).
- I understand that a remote appointment will occur via a two-way webcam connection on a HIPPA-protected platform. The therapist will be able to see my image on their computer screen and I will be able to see the therapist.
- I understand that laws to protect client privacy and confidentiality, including HIPPA also apply to remote services.
- I understand that the client (or parents, if underage) is responsible for the full cost of remote sessions in the same way as in-person services.
- I understand that I have the right to withdraw this consent during the course of treatment at any time without consequence to my current or future treatment.
- I understand that I must identify an emergency contact person who is near my location and who may be contacted in the event of crisis or emergency to assist in addressing the situation.
- I understand that my signature on this form is consent for me (or my child, if underage) to receive remote services.

Name and Number of Emergency

Contact: _____ / _____

Name of Client: _____

Client Signature: _____

Name of parent/guardian (if underage) _____

Signature of parent/guardian: (if underage) _____