



# A.R.M Support Services

**An Arm in the Community Offering  
Wholistic Social Change**

2833 Alabama Avenue SE  
#30005  
Washington, DC 20020  
301-646-4340

A.R.M Support Services is offering teletherapy services. Please read and sign the following consent form.

## Teletherapy Informed Consent Form

I, \_\_\_\_\_ (client) hereby consent to engage in teletherapy with A.R.M Support Services. Teletherapy is a form of psychological service provided via internet technology, which can include consultation, treatment, transfer of medical data, emails, telephone conversations and/or education using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my medical/mental information, orally and/or visually. Teletherapy has the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted in person. However, due to the nature of the technology used, I understand that teletherapy may be experienced somewhat differently than face-to-face treatment sessions.

Additionally, there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of the clinician, that the transmission of information could be disrupted or distorted by technical failures and the transmission of information could be interrupted by unauthorized persons.

I have read, understand and agree to the information provided above.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

Client Phone number and email address \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Clinician Signature