



Counseling &  
Psychotherapy

46 Danbury Road, Unit 6  
New Milford, CT 06776  
860 354-5116 Therapists  
860 354-1596 Business Office  
860 350-2189 Fax  
www.interfacecenter.org

### CONSENT FOR TELEHEALTH TREATMENT

I hereby consent to engage in telehealth services with Interface Center and any member of its clinical or administrative staff. I understand that telehealth includes delivery of mental health therapy sessions, diagnosis, consultation, treatment, and transfer of clinical data using interactive audio, video and/or data communication of my mental health information.

I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

Client Name (printed): \_\_\_\_\_

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Name of Parent/Legal Guardian (printed): \_\_\_\_\_

\*Parent/Legal Guardian Signature: \_\_\_\_\_

\*If client is a minor then only a parent or legal guardian printed name and signature is required.