

Racquel Semeraro, LCSW
10560 Main Street
Sutie 311
Fairfax, Va 22030
(571) 277-1771, FAX (703) 563-9321

Informated Consent for Telehealth/Telephonic Services

I the above named client or legal guardian of the above name client agree and consent to participate in mental health services via Telehealth and/or telephonic communication offered and provided by Racquel Semeraro, LCSW. I understand that I am consenting and agreeing only to those services that the above named provider is qualified to provide as a licensed provider of mental health services. If the Client is under the age of eighteen or unable to consent to treatment, I attest that I have legal custody of this individual and am authorized to initiate and consent for services and/or legally authorized to initiate and consent to services on behalf of this individual.

I understand that Telehealth and/or telephonic services are being offered and provided only because of the current public health crisis posed by the potential spread of the COVID 19 virus. I have discussed the service limitations, privacy concerns and the pros and cons of Telehealth and/or telephonic services with my provider and I agree to accept the services delivery. Additionally I understand this will be time limited and after the public health crisis has resolved service delivery will return to in person sessions.

Client Signature

_____/_____/_____
Date

Guardian Name (if needed)

Guardian Signature (if needed)

_____/_____/_____
Date

Staff Signature

_____/_____/_____
Date