



Katie Frazee, MS, LCPC, NCC, MAC
93 S McCain Drive, Suite 1
Frederick, MD 21703
240-415-8777 (Phone)
240-444-8075 (Fax)
kfrazee@guidingpaths.com

Teletherapy Informed Consent Addendum

As required by the Code of Maryland Regulations (COMAR), it will be necessary to:

- Verify your identification before beginning teletherapy services
- Utilize a secure and private, HIPAA compliant teletherapy connection service
- Obtain contact information in the case of an emergency or technological failure:

Phone Number: _____

Address: _____

- Obtain location and resource information to be used in the case of an emergency (i.e. local hospital or other emergency resources used):

_____ Frederick Health Hospital _____

My signature below indicates that I am consenting to take part in teletherapy services provided by Katie Frazee, of Guiding Paths Counseling and that I have received, agree and understand the contents of the **Informed Consent Form** and the **Teletherapy Informed Consent Addendum**.

I understand that working toward meeting my treatment goals are in my best interest and I agree to play an active role in this process. I understand that no promises have been made to me as to the results of treatment nor of any procedures provided by Katie Frazee of Guiding Paths Counseling. I am aware that I may stop treatment at any time, although I will still be responsible for any outstanding balances for services rendered. I understand that if payment for services rendered is not made, treatment may be terminated.

Client or Guardian Name (Print)

Date

Client or Guardian Signature

Date

Clinician's Signature

Date