



**Shuman Psychotherapy PLLC**  
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### **Teletherapy Client Fit Form**

- 1) Do you have any current suicidal thoughts or plans? Yes / No
- 2) Have you had suicidal thoughts, plans or attempts within the last 12 months? Yes / No
- 3) Are you currently in an abusive relationship (Physical, Sexual, Emotional, Spiritual or otherwise)?  
Yes / No
- 4) If yes, does the abuser have access to your computer search history, user information or any of your digital passwords, email accounts or phones? Yes / No
- 5) Do you have any delusions or hallucinations? Yes / No
- 6) Do you have a private space wherein you may participate in a long-distance therapy session?  
Yes / No Describe the space: \_\_\_\_\_
- 7) Do you have access to a computer that has high-speed Internet? Yes / No
- 8) Is your computer password protected? Yes / No
- 9) Does your computer have anti-virus programs installed? Yes / No
- 10) Does your computer have an active firewall? Yes / No
- 11) Do you have access to a mobile phone and an alternate phone? Yes / No
- 12) Can both of these phones be accessed during a long-distance therapy session? Yes / No
- 13) Do you feel comfortable working your computer and phones? Yes / No
- 14) Do you feel comfortable using the teletherapy program/technology that we have agreed upon?
- 15) Do you understand that technological failure is a risk during any phone or computer mediated therapy session?  
Yes / No
- 16) In the event of a technological failure, do you understand the following options: Yes / No
  - a. Use backup communication method
  - b. Logging off and logging back on
  - c. Checking your settings
  - d. Mute the computer's audio, and use a phone along with the video from the camera
  - e. Using another computer or device
  - f. Restarting your computer and logging back in
  - g. Switch to using the phone
  - h. Reschedule the session and resolve the technology issue prior to the next session

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Teletherapy Fit Form

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- 17) Are you willing to begin each long-distance session by confirming your identity? Yes / No
- a. One of the most effective ways to do this is to share a different passcode with Yael Shuman, LMFT at the beginning of each session. The passcode for the first session will be: \_\_\_\_\_.
  - b. At the end of each session, the passcode for the next session will be agreed upon.
- 18) Are you willing to begin each session by confirming your location? Yes / No
- 19) Do you understand that the session may need to be rescheduled if you are not in a private location or in a location where emergency services could reach you? Yes / No
- 20) Do you understand that the session may need to be rescheduled if Yael Shuman, LMFT suspects you are under the influence of alcohol or drugs? Yes / No
- 21) Who is the support person and emergency contact Yael Shuman, LMFT may reach in the event of an emergency? Yes / No
- 22) Before commencing long-distance therapy, will you confirm with this support person that he or she is willing to be recruited for emergency support or assistance (e.g., driving you to a hospital or calling local emergency services)? Yes / No
- 23) The Colorado county you reside in is: \_\_\_\_\_.
- 24) In the event of a crisis, 911 and/or Colorado Crisis Services (1-844-493-8255) may be called to intervene. Do you understand and approve of this emergency plan? Yes / No
- 25) I understand there are potential benefits and risks with teletherapy and I acknowledge having reviewed and understood the following:

Electronic psychotherapy, also known as Teletherapy, is different from traditional therapy in that the client and therapist do not meet face-to-face in-person. One of the benefits of electronic psychotherapy is that the client and therapist can continue therapeutic sessions without being in the same place. This can be convenient if either the client or therapist is out of town or the client or therapist is unable to attend a scheduled session in person.

Although there are benefits of electronic therapy, there are also significant risks involved. These risks include, but are not limited to: losing the ability to read physical cues, vocal cues/tones, and facial expressions; an inability to provide immediate emergency services/care; experiencing technical issues that disrupt the counseling session; a risk that the communications may be overheard if the client or therapist does not conduct the session in a secure/confidential place; and there is a risk that the communications may be accessed by unknown third-parties regardless of the security measures in place. Yes / No

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

\_\_\_\_\_  
DATE

\_\_\_\_\_  
Yael Shuman, LMFT (THERAPIST SIGNATURE)

\_\_\_\_\_  
DATE