



## NLYTN COUNSELING SERVICE, LLC

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I understand that:

- ✓ Telehealth involves the use of electronic communications to deliver mental health services remotely.
- ✓ Confidentiality still applies, and nobody will record the session without my permission.
- ✓ I have the right to withdraw consent at any time and resume in-person care if available.
- ✓ I will provide a safe, private space during sessions to ensure confidentiality.

By signing this consent, I agree to participate in telehealth services provided by NLYTN Counseling Service.

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Your signature

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Today's date

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Print your name

How to E-sign this form.

1. Select E-Sign from the global bar.
2. Create your signature if not already done. From the E-Sign tab, select Add signature.
3. In the dialog that appears, type, draw, or add an image of your signature and then select Apply.
4. Select your signature and place it in the desired location in the form. Save your form in a place that you can find to attach it to an email to [info@nlytncounseling.com](mailto:info@nlytncounseling.com)