PSYCHOTHERAPY AND TELEHEALTH INFORMED CONSENT

Anthony Vario, LLC

Serving adults physically located in Arizona, Massachusetts, and Rhode Island
Effective date: August 8, 2026

Please review before beginning treatment.

This document explains the nature of psychotherapy, telehealth services, confidentiality, communication expectations, emergency limitations, and your rights and responsibilities as a client. Questions are welcome before or during treatment.

Welcome

Choosing to begin therapy may involve hope, uncertainty, and courage. Anthony Vario, LLC is committed to providing respectful, collaborative, clinically grounded care. Psychotherapy may address immediate concerns while also helping you understand emotional and relational patterns that influence how you experience yourself, other people, and your life.

This consent is intended to support an informed and voluntary treatment relationship. You may ask questions, request clarification, or discuss concerns at any time.

Before Your First Appointment

Your onboarding process depends on whether you are using insurance or paying privately.

Private-pay clients. Complete the electronic Clinical Intake Questionnaire and establish a payment method through the secure payment platform designated by the Practice. Do not send card information by email, text, or Google Forms.

Insurance clients. Complete registration, insurance verification, billing authorization, and payment steps through the designated insurance platform, such as Headway when applicable.

Before treatment begins, review this informed consent, the Notice of Privacy Practices, and the Financial and Cancellation Policy. Electronic acknowledgment and signature are completed through the New Patient Intake & Consent form.

Emergency and Crisis Information

This is an outpatient practice, not an emergency service.

Anthony Vario, LLC does not provide crisis intervention, emergency response, or 24-hour clinical coverage. Messages are not monitored continuously and should not be used for urgent or emergency concerns.

If you are experiencing a medical or psychiatric emergency:

- Call 911.
- Go to the nearest emergency department.

- Call or text 988 to reach the Suicide & Crisis Lifeline.
- Contact local mobile crisis services when available and appropriate.

Because treatment occurs remotely, the Practice's ability to respond directly to an emergency is limited. If the clinician reasonably believes there is an immediate safety concern, the clinician may contact emergency services or your emergency contact when clinically appropriate and permitted or required by law.

Informed Consent for Psychotherapy

Nature and Purpose of Treatment

Psychotherapy is a collaborative process intended to help you understand yourself, reduce emotional distress, strengthen relationships, improve functioning, and pursue goals that matter to you. Treatment may involve discussion of thoughts, emotions, behaviors, past experiences, relationship patterns, current circumstances, coping strategies, and mutually identified treatment goals.

Treatment is individualized and may change as your needs, goals, or circumstances change. No particular method or outcome is guaranteed, and a different clinician, treatment approach, level of care, medication evaluation, or other service may sometimes be recommended.

Potential Benefits

Psychotherapy may support greater self-understanding, healthier coping, improved emotional regulation and communication, reduced distress, stronger relationships, increased resilience, and more intentional decision-making. Progress is often gradual and depends on many factors, including consistent participation and circumstances outside therapy.

Potential Risks and Alternatives

Psychotherapy can be emotionally challenging. Discussing painful memories, trauma, grief, conflict, or avoided experiences may temporarily increase sadness, anxiety, anger, frustration, vulnerability, or other discomfort. Changes made through therapy may also affect relationships or established patterns. These risks will be addressed collaboratively, but they cannot be eliminated entirely.

Alternatives may include choosing another clinician or approach, postponing or declining treatment, medication consultation, group therapy, a higher level of care, community supports, or other services appropriate to your needs.

Participation, Goals, and Voluntary Choice

You are encouraged to participate honestly, ask questions, provide feedback, and identify what is or is not helpful. You are not expected to disclose everything immediately, and you may decline a particular intervention. Treatment goals will be developed and reviewed collaboratively.

Participation is voluntary. You may request referrals or end treatment at any time. When possible, discussing the decision to end treatment allows for review of progress, concerns, safety, and appropriate transition planning. The clinician may also recommend ending or transferring care when services are no longer clinically appropriate, within the clinician's competence, or consistent with practice requirements, with reasonable notice and transition support when required.

Confidentiality and Its Limits

Information disclosed in psychotherapy is generally confidential. Information may be used or disclosed with your authorization or without authorization when permitted or required by federal or applicable state law. Common circumstances may include:

- Suspected abuse, neglect, or exploitation of a child, older adult, or dependent or vulnerable adult.
- A serious or imminent threat to your safety or another person's safety.
- A valid court order, qualifying legal process, or another disclosure required by law.
- Health oversight, licensing, workers' compensation, public-health, or other activities permitted by law.
- Treatment, payment, and health care operations as permitted by applicable privacy law.

Privacy and confidentiality requirements vary by jurisdiction and type of information. When a more protective law applies to mental-health, substance-use-disorder, HIV-related, domestic-violence, sexual-assault, or other sensitive information, the Practice will follow that law. When appropriate and legally permitted, the clinician will discuss a disclosure with you before it occurs.

The complete Notice of Privacy Practices explains permitted uses and disclosures, your privacy rights, and the Practice's responsibilities. It is provided separately and is available on the Practice website or upon request.

Online copy: Notice of Privacy Practices

Professional Consultation

The clinician may consult with other qualified professionals to support ethical and effective care. Personally identifying information will be minimized whenever feasible, and consultants are expected to protect confidentiality.

Professional Boundaries

The therapeutic relationship exists for your clinical benefit. Professional boundaries are maintained to protect objectivity, confidentiality, and your well-being. Questions about boundaries, contact outside sessions, social media, gifts, or unexpected encounters are welcome and may be discussed openly.

Telehealth Consent

Telehealth Services and Location

Anthony Vario, LLC provides psychotherapy through secure audio-video technology. Services may be provided only when you are physically located in a jurisdiction where the clinician is licensed or otherwise authorized to practice. At the beginning of each session, you will be asked to confirm your physical location and a telephone number where you can be reached. The clinician may also identify the clinician's location when required.

The Practice currently serves clients physically located in Arizona, Massachusetts, or Rhode Island. If you are located elsewhere, the appointment may need to be postponed, canceled, or limited to appropriate transition or emergency-planning steps. You should notify the clinician before travel or relocation so licensure and continuity-of-care issues can be addressed.

Privacy and Appropriate Setting

Participate from a quiet, private location whenever possible. Headphones may improve privacy. Do not attend while driving or operating machinery. You are responsible for considering who may overhear or view the session in your location and for informing the clinician if another person is present.

The Practice uses reasonable administrative, technical, and physical safeguards for telehealth and electronic records. However, no electronic system can guarantee absolute privacy or uninterrupted service. Telehealth may involve risks such as unauthorized access, accidental disclosure, technology failure, or reduced ability to observe certain nonverbal information.

Technology Problems

If audio or video fails, the clinician will make reasonable efforts to reconnect or contact you using the telephone number provided for the session. Depending on clinical circumstances and available time, the session may continue by an appropriate alternative method, be rescheduled, or end early. Emergency procedures remain the same during a technology failure.

Telehealth Benefits and Limitations

Potential benefits include convenience, accessibility, reduced travel, and continuity of care. Limitations may include technology disruptions, privacy risks, reduced observation of nonverbal communication, and circumstances in which in-person assessment or a higher level of care is more appropriate. Telehealth may be reconsidered whenever it no longer appears clinically suitable or safe.

Recording and Other Participants

Audio recording, video recording, photography, screenshots, automated transcription, artificial-intelligence meeting assistants, or other capture of a session is not permitted without prior written agreement from both client and clinician, except as otherwise permitted or required by law. The presence or participation of another person should be discussed in advance whenever possible and requires appropriate consent.

Electronic Communication

Email, text messaging, and voicemail are intended primarily for scheduling, billing, and administrative communication. Although the Practice uses systems and safeguards selected with privacy in mind, communication risks cannot be eliminated.

Do not use these methods for emergencies, urgent concerns, detailed clinical information, or lengthy therapeutic discussions. Messages are not monitored continuously, and responses may not be immediate. Clinical concerns and significant updates should generally be addressed through the intake process or during a scheduled appointment. You may request a reasonable alternative method of confidential communication.

Scheduling, Payment, and Practice Policies

Appointments are reserved for you. Scheduling, professional fees, insurance responsibilities, payment methods, cancellation charges, charges for work outside scheduled appointments, balances, and Good Faith Estimate rights are governed by the separate Financial and Cancellation Policy.

Review the current Financial and Cancellation Policy before signing the electronic acknowledgment. A copy is provided electronically and is available on the Practice website or upon request. If a policy changes materially, the Practice will provide reasonable notice as appropriate.

Questions, Complaints, and Records

Questions about treatment, telehealth, privacy, fees, or practice policies are encouraged. You may raise concerns without retaliation. Privacy complaints and requests regarding health records may be directed to Anthony Vario, LICSW, at anthony@anthonyvariollc.com or (401) 484-1616. Additional privacy-complaint information appears in the Notice of Privacy Practices.

Electronic Acknowledgment and Consent

No separate signature page is required in this PDF.

Your acknowledgment and electronic signature are collected through the Anthony Vario, LLC New Patient Intake & Consent form and retained with the Practice's records.

By signing the electronic intake and consent form, you confirm that:

- You received and reviewed this Psychotherapy and Telehealth Informed Consent.
- You had an opportunity to ask questions and understand that questions may also be discussed during treatment.
- You understand the nature, potential benefits, risks, alternatives, and voluntary nature of psychotherapy.
- You understand the limits of confidentiality and the Practice's emergency and communication limitations.
- You understand the potential benefits, risks, location requirements, and technology limitations of telehealth.
- You voluntarily consent to psychotherapy and, when clinically appropriate, telehealth services provided by Anthony Vario, LLC.
- You acknowledge that the Notice of Privacy Practices and Financial and Cancellation Policy are provided separately.

Practice Contact

Anthony Vario, LICSW
Anthony Vario, LLC
Email: anthony@anthonyvariollc.com
Telephone: (401) 484-1616

This document is intended to describe the Practice's services and obtain informed consent. It does not replace individualized clinical discussion or legal rights provided by applicable law.