Informed Consent for Telehealth

California law recognizes the delivery of psychotherapy services for assessment, diagnosis, consultation and treatment through the use of information and communication technologies such as phone or video also known as telehealth. Clients must be physically located in California for this service to be provided.

The purpose of this form is to obtain your verbal consent for telehealth sessions with a CHAC therapist. Telehealth involves the use of audio and/or video to interact with you and provide diagnosis, treatment and other psychotherapeutic services.

Telehealth has many benefits including access to therapeutic services without having to travel to another place. Potential risks include

- A face-to-face session or referral to an appropriate level of care may still be necessary after the telehealth appointment;
- Despite the psychotherapists, efforts, the transmission of information could be disrupted or distorted due to technical failure;
- In rare circumstances, security protocols could fail causing a breach of your privacy;
- Potential interruption by unauthorized persons; unauthorized access to transmitted and/or stored confidential information; and decreased availability of the therapist in the event of a crisis.

The same laws that protect the confidentiality of your personal information also apply to telehealth. The information disclosed during sessions is generally confidential. The same exceptions by law apply including but not limited to reporting child, elder or dependent adult abuse or harm to yourself or others.

CHAC is a training institution, most psychotherapists providing services are doing so under the supervision of a licensed professional as part of their education. This supervisor is available for consultation or any questions you may have.

The same laws that pertain to access to psychotherapy records apply to telehealth. Dissemination of information cannot occur without explicit consent from the client or as required by the law.

As a client, you have the right to withhold or withdraw this consent at any time without affecting your right to future care or treatment and without risking the loss or withdrawal of the benefits that you are entitled to.
For Each Telehealth Session

1. At the beginning of each telehealth session, the therapist must verbally obtain from the client their name and address of client’s location and current emergency contact. These responses must be documented in the session progress note;

2. The therapist, during each telehealth session, must assess whether the client is appropriate for telehealth, including but not limited to, consideration of the client’s psychosocial situation;

3. For each session, the therapist must utilize industry best practices for telehealth to ensure both client confidentiality and the security of the communication medium.

This information has been provided and explained. All questions have been answered and there I verbally agree to telehealth sessions.

The following crisis numbers are available for clients:

**Next Door Solutions**
24/7 Hotline for Victims of Domestic Violence
(408) 279-2962

**Santa Clara County Mental Health Services**
1(800)704-0900

**Santa Clara County Substance Use Services**
1(800)488-9919

**Suicide and Crisis Hotline 24/7**
1(855)278-4204
Or Text RENEW to 741741

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