



Informed Consent for Telehealth

Telehealth is a mode of delivering health care services, including psychotherapy, via communication technologies (e.g. internet or phone) to facilitate diagnosis, consultation, treatment, education, care management, and self-management of a client's health care.

I understand and agree to the following:

1. I have a right to confidentiality with regard to my treatment and related communications via telehealth under the same laws that protect the confidentiality of in-person psychotherapy.
2. I understand that there are risks associated with participating in telehealth including, but not limited to, the possibility, despite reasonable efforts and safeguards on the part of my therapist, that my psychotherapy sessions and transmission of my treatment information could be disrupted or distorted by technical failures and/or interrupted or accessed by unauthorized persons, and that the electronic storage of my treatment information could be accessed by unauthorized persons.
3. I understand that miscommunication between myself and my therapist may occur via telehealth.
4. I understand that there is a risk of being overheard by persons near me and that I am responsible for using a location that is private and free from distractions or intrusions.
5. I understand that my therapist, as part of their training, may also utilize telehealth technology to discuss client work in clinical supervision groups with licensed therapists who provide feedback and guidance. I understand, despite reasonable efforts and safeguards on the part of my therapist and their supervisors, that these same risks and limitations associated with telehealth technology noted above may be present.
6. I understand that in some instances telehealth may not be as effective or provide the same results as in-person therapy. While research has generally been supportive of telehealth for the treatment of a variety of individual diagnoses, there is little research to date on the effectiveness of telehealth for couple- or family-based services, and as such, these services are best categorized as experimental in nature. I understand that if my therapist believes I would be better served by in-person therapy, my therapist will discuss this with me and refer me to in-person services as needed. If such services are

not possible because of distance or hardship, I will be referred to other therapists who can provide such services.

7. I understand that while telehealth has been found to be effective in treating a wide range of mental and emotional issues, there is no guarantee that telehealth is effective for all individuals. Therefore, I understand that while I may benefit from telehealth, results cannot be guaranteed or assured.
8. I understand that some telehealth platforms allow for video or audio recordings and that neither I nor my therapist may record the sessions without the other party's written permission.
9. I understand that my therapist will make reasonable efforts to ascertain and provide me with emergency resources in my geographic area. I further understand that my therapist may not be able to assist me in an emergency situation. If I require emergency care, I understand that I may call 911 or proceed to the nearest hospital emergency room for immediate assistance.
10. I understand that at the beginning of each telehealth session my therapist is required to verify my full name and current location.
11. I agree that I will be physically located in the state of California for my telehealth sessions. If for any reason I am not in the state of California, I will immediately tell my therapist where I am physically located.