



## Tele-Health Informed Consent Form

California law has long recognized tele-health as a form of delivery of health care and behavioral health services which many psychotherapist are practicing in the state of CA and the U.S. There are several benefits to tele-health counseling such as: convenience for scheduling, location and increased access to my therapist.

In California, “telehealth” is defined as a method to deliver health care services using information and communication technologies to facilitate the diagnosis, consultation, treatment, and care management while the patient and provider are at two different sites. This form of service is usually conducted through phone sessions and/or a safe video platform such as Doxy.Me or Simple Practice where there is end to end encryption of information.

I \_\_\_\_\_ (name of client) hereby consent to engaging in telehealth counseling with: Chrissy Kortenhoeven, M.S., LMFT (name of psychotherapist), as part of my psychotherapy. I understand that “telehealth” includes the practice of health care delivery, diagnosis, consultation, treatment, and psychoeducation using interactive audio, video, or data communications. I understand that telehealth also involves the communication of my medical/mental health information, both orally and visually, to my psychotherapist while in a separate location.

I understand that I have the following rights with respect to telehealth:

1. I the client, need to be a resident of California. (This is a legal requirement for psychologists/ psychotherapists practicing in this state under a CA license or registration.)
2. I, the client, have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
3. The laws that protect the confidentiality of my medical information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.
4. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite the best efforts to ensure high encryption and secure technology on the part of my psychotherapist that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. If there is failure of technology connection during our session my therapist will make every attempt to contact me again. If we cannot keep a connection through

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technology, I will only be billed for the portion of time we did speak and my psychotherapist will reschedule with me.

5. I understand that my therapist is licensed in California and therefore can only provide me telehealth if I am located in CA (not if I'm located in another state, even if I am on vacation or traveling for work). I understand my psychotherapist will need to ask me my location including the address to ensure the location is in CA, that it is a secure, private location and to ensure my safety if I were to become in danger during the session. **My therapist will ask this at the beginning of every telehealth session.**

6. There is a risk that services could be disrupted or distorted by unforeseen technical problems.

7. In addition, I understand that teletherapy based services and care may not be as complete as face-to-face services. I also understand that if my psychotherapist believes I would be better served by another form of therapeutic services (e.g., face-to-face services), I will be referred to a professional who can provide such services in my area. In addition, my therapist will assess at every session if telehealth counseling is appropriate for me. If they feel it is not in my best interest or unsafe for me, they will reschedule with me.

8. I understand that I may benefit from tele therapy, but that results cannot be guaranteed or assured. I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my psychotherapist, my condition may not improve, and in some cases may even get worse.

9. I accept that tele therapy does not provide emergency services.

**If you have an emergency, feel suicidal or homicidal please:**

- Call 911
- Go to the nearest Hospital Emergency Room
- Call the National Suicide Prevention Lifeline at 1.800.TALK (8255)
- Text a Crisis Hotline at 741-741

for free 24 hour hotline support. Clients who are actively at risk of harm to self or others are not suitable for tele therapy services. If this is the case, or becomes the case in the future, my psychotherapist will recommend more appropriate services.

10. I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in tele therapy. I am responsible for (1) providing the necessary computer/telecommunications equipment/internet access for my tele therapy sessions, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my tele therapy session. It is the responsibility of the psychotherapy treatment provider to do the same on his/her end.

11. I understand that dissemination of any personal identifiable images or information from telemedicine interaction to researchers or other entities shall not occur without my written consent.

**I HAVE READ, UNDERSTAND AND AGREE TO THE INFORMATION PROVIDED ABOVE REGARDING TELEHEALTH:**

Signature of Client (Parent/Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Number \_\_\_\_\_

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