



WELL MIND THERAPY

Transforming Lives Through Compassionate
Counseling & Care

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Telehealth & In Person Services Consent

Counseling Sessions via Telehealth:

Telehealth is a form of psychological service provided via internet technology, which can include consultation, treatment, and transfer of medical data, emails, text messaging, telephone conversations and/or education using interactive audio, video, or data communications. Telehealth involves the communication of my medical/mental health information, both orally and/or visually. Telehealth has the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted in person. However, due to the nature of the technology used, telehealth may be experienced somewhat differently than face-to-face treatment sessions.

Below is a description of potential risks and rights when using telehealth.

By signing below, I consent to engage in telehealth with Wajeeha Khan, and understand the following risks and my rights with respect to telehealth:

Counseling Sessions via Telehealth:

1. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts, that: the transmission of my 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.
2. 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 telehealth, and that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my telehealth sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my telehealth session.
3. I understand that telehealth-based services and care may not be as complete as face- to-face services, and that I may benefit from telehealth, but those results cannot be guaranteed or assured.
4. I accept that telehealth does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support or connect via 988.
5. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment. 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 my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are described in the general Consent Form I received at the start of my treatment.

I acknowledge that I have read and understand the information provided above, regarding the risks and my rights regarding using telehealth. I agree and consent to treatment using telehealth:

I consent to receiving therapy sessions with Wajeeha Khan, Licensed Marriage and Family Therapist #97158.

I understand that confidentiality will be broken if there is disclosure or evidence of physical, sexual or serious emotional abuse or neglect, if suicide is threatened or attempted, or if there is disclosure or evidence of serious self-harm (including drug or alcohol misuse that may be life-threatening).

I acknowledge that the session fee is \$150/50 minute session, which is not covered by insurance. If an appointment is cancelled with less than 48 hours' notice, there will be a \$75 fee. Payment can be made by Wellmindtherapy.org (pay online).

Patient's Full Name

Patient's Signature

Date

Wajeeha Khan, LMFT, 97158

Provider Signature

Provider

Date