



Telehealth Consent

I hereby consent to engaging in telehealth with Briana Messerschmidt as part of my therapy. I understand that telehealth includes the practice of healthcare delivery including mental health services, consultation, treatment, and education using phone, audio-video or data communications.

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

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information disclosed by me during the course of therapy is generally confidential.
 - a. However, there are both mandatory exceptions to confidentiality included, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards self, or others.
3. I understand that the dissemination of any personally identifiable images or information from telehealth interactions to other entities shall not occur without my written consent.
4. I understand that there are risks and consequences from telehealth, including but not limited to:
 - a. The possibility, despite reasonable efforts on the part of my therapist that the transmission of my personal information and/or scheduled sessions could be disrupted or distorted by technical difficulties or failures.
 - b. The transmission of my personal information could be interrupted and/or intercepted by unauthorized persons.
 - i. Paperwork may always be mailed to the Therapist's office: 5212 Katella Ave, Suite 103-B, Los Alamitos, California 90720. I understand that if I choose to email my documents to the therapist, there is a risk of interception from unauthorized persons as listed above and I accept the risk.



Briana Messerschmidt, M.S.

Licensed Marriage and Family Therapist #122796

Telehealth Consent

- c. Telehealth based services might not be as complete as face-to-face services. The potential for misunderstandings exists due to lack of direct visual and auditory cues.
 - d. Telehealth may not be appropriate for crisis situations or individuals with suicidal or homicidal thoughts.
 - e. Telehealth may not be an appropriate treatment delivery method for individuals with longstanding and/or serious mental health diagnoses.
5. I have the right to access my clinical information, per California state Law guidelines.

Acknowledgement

By signing below, Client acknowledges that he/she has reviewed and fully understands the terms and conditions of this Agreement. Client has discussed such terms and conditions with Therapist, and has had any questions with regard to its terms and conditions answered to Client's satisfaction. Client agrees to abide by the terms and conditions of this Agreement and consents to participate in psychotherapy with Therapist. Moreover, Client agrees to hold Therapist free and harmless from any claims, demands, or suits for damages from any injury or complications whatsoever, save negligence, that may result from such treatment.

Printed Client Name

Signature of Client

Date