



LEIGH ANNE MEHLDAU, LCSW

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DOXY.ME TELEHEALTH SERVICES INFORMED CONSENT

<https://doxy.me/leighannemehldaulcsw>

Leigh Anne Mehl dau, LCSW, offers on-line psychotherapy services through Doxy.me. This allows her to diagnose, consult, treat and educate using interactive audio, video or data communication regarding my treatment. I hereby consent to participating in psychotherapy via telephone or the internet with Leigh Anne Mehl dau, LCSW (via DOXY.ME Telehealth Application aka DTA) by signing below:

Client Name: _____

Clinician: Leigh Anne Mehl dau, LCSW

I understand I have the following rights under this agreement: I have a right to confidentiality with Leigh Anne Mehl dau, LCSW (through DTA) under the same laws that protect the confidentiality of my medical information for in-person psychotherapy. Any information disclosed by me during the course of my therapy, therefore, is generally confidential. There are, by law, exceptions to confidentiality, including mandatory reporting of child, elder, and dependent adult abuse and any threats of violence I may make towards a reasonably identifiable person. I also understand that if I am in such mental or emotional condition to be a danger to myself or others, my therapist has the right to break confidentiality to prevent the threatened danger. Further, I understand that the dissemination of any personally identifiable images or information from the Leigh Anne Mehl dau’s DTA interaction to any other entities shall not occur without my written consent. I understand that while psychotherapeutic treatment of all kinds has been found to be effective in treating a wide range of mental disorders, personal and relational issues, there is no guarantee that all treatment of all clients will be effective. Thus, I understand that while I may benefit from services provided by Leigh Anne Mehl dau via DTA, results cannot be guaranteed or assured. I further understand that there are risks unique and specific to Leigh Anne Mehl dau’s Doxy.me Telehealth Application, including but not limited to, the possibility that our therapy sessions or other communication by her to others regarding my treatment could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons. In addition, I understand that the treatment provided by Leigh Anne Mehl dau with DTA is different from in-person therapy. If she believes I would be better served by another form of psychotherapeutic services, such as in-person treatment, we will arrange office appointments, or I will be referred to a therapist in my geographic area that can provide such services. I have read and understand the information provided above. I have the right to discuss any of this information with my therapist and to have any questions I may have regarding my treatment answered to my satisfaction. I understand that I can withdraw my consent to treatment with Leigh Anne Mehl dau and DTA communications by providing written notification to Prepare to Change. My signature below indicates that I have read this Agreement and agree to its terms.

_____/_____/_____

Authorized Signature for Client

Date