Teletherapy Informed Consent Form

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby consent to engage in teletherapy with April Blair, L.M.F.T. Teletherapy is a psychological service provided via internet, using video conferencing or phone which can include consultation, treatment, transfer of medical data, emails, telephone conversations, and/or education using interactive audio, video or dara communications. I also understand that teletherapy involves the communication of my medical/mental health, both orally and/or visually.

Teletherapy 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, I understand that teletherapy may be experienced somewhat differently than face-to-face treatment sessions.

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

Client’s Rights, Risks, and Responsibilities:

1. I, the client, need to be a resident of California or in a state that hold reciprocity for the California license M.F.T.
2. I, the client, have a right to withhold or withdrawal 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 teletherapy. As such, I understand that the information disclosed by me during the course of 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.
4. I understand that any internet-based, and phone-based communication is not 100% guaranteed to be confidential, even when using software that is represented as confidential and HIPAA compliant. I agree that April Blair L.M.F.T. not be held harmless if any outside party gains unauthorized access to my confidential conversations.
5. Technical problems can occur using web-based services. If a disruption occurs, I will attempt to reestablish the connection, and if that does not work, I will call back on the phone to reestablish the session.

Client signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_