

## Telehealth Informed Consent Form

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I \_\_\_\_\_ hereby consent to engaging in Telehealth sessions with Richelle Jacobs, LMFT, as a form of psychotherapy treatment. Understanding the technical and security issues that are intrinsic to video or telephone conferencing, I nevertheless agree to the use of Skype, FaceTime, or the telephone as a method of delivery of psychotherapeutic services.

I understand that I have the following rights with respect to Telehealth treatment:

- (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 (aka video and telephone) sessions. 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; where I make my mental or emotional state an issue in a legal proceeding; and if Homeland Security requires my psychotherapist to release information about me.
- (3) I understand there are risks and possible consequences from video or telephone sessions, including, but not limited to, the possibility-- despite reasonable efforts on the part of the psychotherapist -- that our session could be disrupted or distorted by technical failures; that the transmission of my personal information could be intercepted by unauthorized persons; and/or that there could be inadvertent electronic storage of my personal information which could be accessed by unauthorized persons.
- (4) I understand that Telehealth services and care may not be as complete as in-person services. As a result, if the psychotherapist believes I would be better served by a form of psychotherapy other than Telehealth, she will refer me to a clinic, a clinician, or an agency in my area which can provide such services.
- (5) I understand that in choosing to participate in Telehealth, I am agreeing to the use of video or telephone conferencing technology.
- (6) I understand that my express consent is required before the psychotherapist may forward any of my personally identifiable information to a third party.

I have read and I understand the information provided above, and hereby give my informed consent to participate in the use of Telehealth services for psychotherapy treatment. By my signature below, I hereby agree to the terms of this document.

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Client Signature

Date