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**Telemedicine (“doxy.me”/“FaceTime”/“Zoom”)
Informed Consent Form**

I _____ hereby consent to engage in telemedicine with Therese Noel Allen, MFT as part of my psychotherapy. I understand that “telemedicine” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I understand that telemedicine also involves the communication of my medical/mental information, both verbally and visually. I understand that I have the following rights with respect to telemedicine:

1) The laws that protect the confidentiality of my medical information also apply to telemedicine. 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; and where I make my mental or emotional state an issue in a legal proceeding.

2) I understand that there are risks and consequences from telemedicine, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons, especially when care is delivered in an asynchronous manner.

It is important to be aware that e-mail and text communication can be relatively easily accessed by unauthorized people and hence can compromise the privacy and confidentiality of such communication. E-mails and texts, in particular are vulnerable to such unauthorized access due to the fact that servers have unlimited and direct access to all e-mails that go through them. Un-encrypted e-mails are even more vulnerable to unauthorized access. I understand that Therese Noel Allen, MFT’s email server is not encrypted.

3) Treating clients via telemedicine may put therapists at a disadvantage because they cannot detect nonverbal cues, may not be able to accurately diagnose, may not always be aware of the resources available locally and may not be able to intervene as effectively as necessary in emergency situations.

Acute crises and severe psychological disturbances may not be effectively handled exclusively via telemedicine. If I am experiencing an emergency, I should call 911 or visit my local emergency room. I understand that telemedicine based services and care may not yield the same results or be as complete as face-to-face services. If my psychotherapist assesses, at any point, that she is not effective in helping me reach my therapeutic goals via telemedicine or if she believes I would be better served by another form of psychotherapeutic services (e.g. face-to-face services), she is obligated to discuss it with me and, if appropriate, to terminate treatment and refer me to a psychotherapist who can provide such services in my area.

4) I understand that I may benefit from telemedicine, but results cannot be guaranteed or assured. I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my psychotherapist, my condition may not be improve and, in some cases, may even get worse.

5) I understand that I have the right to access my medical information and copies of medical records in accordance with California law, that these services may not be covered by insurance and that if there is intentional misrepresentation, therapy will be terminated. Specifically, I have requested to do some of my sessions with my psychotherapist by “doxy.me”, “FaceTime”, or “Zoom” online videoconferencing sites, or by telephone. I understand the following factors about using “doxy.me”, “FaceTime”, “Zoom”, and telephone as part of therapy:

1) My psychotherapist is licensed as a Marriage and Family Therapist by the state of California. She is not licensed to provide counseling in any other state besides California. I agree that I am a resident of California. If I decide to change my state of residence, I will let my psychotherapist know, and she will provide me with referrals in my new state of residence. If I intentionally misrepresent my state of residence, therapy will be terminated.

2) If I am traveling out of state during our work together and experience a psychiatric emergency, I understand that my psychotherapist will not be immediately available to help me. I agree that, before traveling, I will find appropriate local professionals that can help me in case of emergency. I can ask my psychotherapist for assistance in locating local professionals.

3) Conferencing by “doxy.me”, “FaceTime”, “Zoom” or telephone is not the same as face-to-face psychotherapy. If my psychological or behavioral symptoms become concerning, my psychotherapist may refer me to professionals that I can see in person. She may also require that I see a medical professional in person and have that person consult with her in order for her to continue working with me.

4) “doxy.me”, “FaceTime”, “Zoom” and telephone sessions are not currently recognized nationally as part of the American Medical Association’s “Current Procedural Terminology.” This means that they are not regulated and may not be recognized by insurance companies. Accordingly, my psychotherapist will not provide a superbill for insurance reimbursement for these sessions. If requested, my psychotherapist will provide an invoice for my records.

5) All office policies that I agreed to by signing my psychotherapist’s “Psychotherapy Agreement” form hold for “doxy.me”, “FaceTime”, “Zoom” and telephone sessions, including the 48 hour business days cancellation policy and fee policy.

6) To best provide a therapeutic framework for our “doxy.me”, “FaceTime”, “Zoom” or telephone sessions, I should choose a location for sitting with my computer or telephone that is quiet and private, with minimal distractions. If possible, set up a regular location that can be used for all sessions.

I have read and understand the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

Client Name

Signature

Date