

**Jennifer Davis, MA, LMFT**  
**Profound Impact Therapy**

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**AGREEMENT FOR TELEHEALTH SERVICE / INFORMED CONSENT**

I, \_\_\_\_\_ am choosing to facilitate my counseling sessions via internet video conferencing. Utilizing either Skype or FaceTime with **Jennifer Davis, LMFT** 49934. By choosing this option, I understand that:

The laws that protect my confidentiality also apply to telehealth. Although, there are both mandatory and permissive exceptions to confidentiality including, but not limited, to reporting child and vulnerable adult abuse, or expressed imminent harm to oneself or others.

I understand that there are risks and consequences from telehealth including, but not limited to, the transmission of my personal information could be disrupted or distorted by technical failures. If technical problems occur, the therapist will make all efforts to resume the session within 10 minutes.

I understand that telehealth based services and care may not be as complete as in-person services. I understand that if my therapist believes I would be better served by other interventions, an in-person session will be recommended and required before resuming with the telehealth option.

I understand that the use of Skype and Facetime are not 100% secure. All attempts to keep information confidential while using these systems will be made. However, there is no guarantee due to the inherent issues with these communication systems. I will not hold Jennifer Davis, LMFT liable for gathering or use of client information by these service providers.

By signing this document, I agree that certain situations including emergencies and crises are inappropriate for telehealth based psychotherapy. If in crisis or emergency, I am to immediately call 911 or go to the nearest hospital, crisis facility, or call the National Suicide Hotline at 1-800-784-2433.

\_\_\_\_\_  
Client Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Client (or parent)

\_\_\_\_\_  
Date