*Sandra Braun*

LICENSED MARRIAGE & FAMILY THERAPIST

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## Telehealth Consent To Treat

The undersigned consents to engage in Telehealth with Sandra Braun, LMFT. I understand that Telehealth is a mode of delivering health care services, including psychotherapy, via communication technologies (e.g. internet or phone) to facilitate diagnosis, consultation, treatment, education, care management, and self-management of a patient's health care. By signing this form, I understand and agree to the following:

**Right to Confidentiality:** I have a right to confidentiality with regard to my treatment and related communications via Telehealth under the same laws that protect the confidentiality of my treatment information during in-person psychotherapy. The same mandatory and permissive exceptions to confidentiality outlined in the *Informed Consent For Psychotherapy* form I received in the client intake form package.

**Technology:** I understand that there are risks associated with participating in Telehealth including, but not limited to, the possibility, despite reasonable efforts and safeguards on the part of my therapist, that my psychotherapy sessions and transmission of my treatment information could be disrupted or distorted by technical failures and/or interrupted or accessed by unauthorized persons, and that the electronic storage of my treatment information could be accessed by unauthorized persons.

I understand that some Telehealth platforms allow for video or audio recordings and that neither I nor my therapist may record the sessions without the other party's written permission.

**Miscommunication:** I understand that miscommunication between myself and my therapist may occur via Telehealth.

**Privacy:** I understand that there is a risk of being overheard by persons near me and that I am responsible for using a location that is private and free from distractions or intrusions.

**Verification:** I understand that at the beginning of each Telehealth session my therapist is required to verify my full name and current location.

**Effectiveness of Telehealth:** I understand that in some instances Telehealth may not be as effective or provide the same results as in-person therapy. I understand that if my therapist believes I would be better served by in-person therapy, my therapist will discuss this with me and refer me to in-person services as needed. If such services are not possible because of distance or hardship, I will be referred to other therapists who can provide such services.

I understand that while Telehealth has been found to be effective in treating a wide range of mental and emotional issues, there is no guarantee that Telehealth is effective for all individuals. Therefore, I understand that while I may benefit from Telehealth, results cannot be guaranteed or assured.

**Fees:** I have discussed the fees charged for Telehealth with my therapist and agree to paying for services with a credit or debit card. Paying with bank transfer payments through Venmo or Apple Pay, etc., are not HIPAA approved for maintaining confidentiality.

**Emergency:** I understand that my therapist will make reasonable efforts to ascertain and provide me with emergency resources in my geographic area. I further understand that my therapist may not be able to assist me in an emergency situation. If I require emergency care, I understand that I may call 911 or proceed to the nearest hospital emergency room for immediate assistance.

I have read and understand the information provided above, have discussed it with my therapist, and understand that I have the right to have all my questions regarding this information answered to my satisfaction.

_____

Client's Signature                                        Date

_____

Client's Printed Name

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Verbal Consent Obtained Therapist reviewed Telehealth Consent Form with client, client understands and agrees to the above advisements, and client has verbally consented to receiving psychotherapy services from Therapist Sandra Braun, LMFT via Telehealth. _____ Signature/Date