Teletherapy Consent for Treatment

Teletherapy is therapy provided by any means other than a face-to-face visit. In teletherapy services, medical and mental health information is used for diagnosis, consultation, treatment, therapy, follow-up, and education.

I understand that teletherapy involves the communication of my medical/mental health information in an electronic or technology-assisted format.

I understand that all electronic medical communications carry some level of risk. While the likelihood of risks associated with the use of teletherapy in a secure environment is reduced, the risks are nonetheless real and important to understand. These risks include but are not limited to:

• It is easier for electronic communication to be forwarded, intercepted, or even changed without my knowledge and despite taking reasonable measures.

• Electronic systems that are accessed by employers, friends, or others are not secure and should be avoided. It is important for me to use a secure network.

• Despite reasonable efforts on the part of my healthcare provider, the transmission of medical information could be disrupted or distorted by technical failures. Should technical issues arise, troubleshooting, such as ending and restarting the session may be requested. If we are unable to reconnect within ten minutes, and the provider is unable to reach me by phone, it is my responsibility to call the provider.

I understand that I must take reasonable steps to protect myself from unauthorized use of my electronic communications by others. The provider is not responsible for breaches of confidentiality caused by an independent third party or by me.

I understand that teletherapy services can only be provided to clients, including myself, who are residing in the state of California at the time of this service.

I understand that the service provided by Lisa Amarant, LCSW, is not intended for crisis situations and urgent needs. In a crisis situation, I agree to call 911 or visit the nearest emergency room. I also understand the general risks and benefits of teletherapy.

To the extent permitted by law, I agree to waive and release my provider and her practice from any claims I may have about the teletherapy visit.

I have been explained the potential risks and benefits of treatment and acknowledge all possible outcomes. I understand the provided information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free with withdraw at any time.

I certify that I have read and understand this agreement and had the opportunity to have questions answered to my satisfaction.

For electronic communication between Lisa Amarant, LCSW (Provider) and _____(Client).

_____ (Printed Name)

_____ (Signature)

_____ (Date)