

# True To You Therapy

## True To You Psychotherapy & Consulting, Inc.

Southern California | 323-905-3464

### TELEHEALTH INFORMED CONSENT

#### Definition of Telehealth

Telehealth involves the use of electronic communications to enable True To You Psychotherapy & Consulting, Inc. mental health professionals to connect with individuals using interactive video and audio communications. Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

#### I understand that I have the rights with respect to telehealth:

1. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my sessions 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 toward an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.

2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment.

3. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the therapist, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. True To You Psychotherapy & Consulting, Inc. utilizes secure, encrypted audio/video transmission software to deliver telehealth.

4. 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 I will be referred to appropriate services in my area. I also understand that there are potential risks and benefits associated with any form of mental health treatment, and that despite my efforts and efforts of my therapist, my condition may not improve, or may have the potential to get worse.

5. I understand the alternatives to psychotherapy through telehealth as they have been explained to me, and in choosing to participate in telehealth, I am agreeing to participate using video conferencing technology. I also understand that at my request or at the direction of my therapist, I may be directed to “face-to-face” psychotherapy.

6. I understand that I may expect the anticipated benefits such as improved access to care and more efficient evaluation and management from the use of telehealth in my care, but that no results can be guaranteed or assured.

7. I understand that my express consent is required to forward my personally identifiable information to a third party.

8. I understand that I have a right to access my medical information and copies of my medical records in accordance with the laws pertaining to the state in which I reside.

9. By signing this document I agree that certain situations including emergencies and crises are inappropriate for audio/video/computer-based psychotherapy services. If I am in crisis or an emergency, I should immediately call 911 or go to the nearest hospital or crisis facility. By signing this document, I understand that an emergency situation may include thoughts about hurting or harming myself or others, having uncontrolled psychotic symptoms, if I am in a life threatening or emergency situation, and/or if I am abusing drugs or alcohol and am not safe. By signing this document, I acknowledge I have been told that if I feel suicidal, I am to call 911, local county crisis agencies, or the National Suicide Hotline at 1-800-784-2433.

10. I understand that my express consent is required to forward my personally identifiable information to a third party.

11. I understand that I have a right to access my medical information and copies of my medical records in accordance with the laws pertaining to the state in which I reside.

12. I understand that different states have different regulations for the use of telehealth. For example, In Wisconsin, telehealth may only be conducted between certified office locations. I understand that, in Wisconsin, I am not able to connect from an alternative location for the provision of audio-/video-/computer-based psychotherapy services.

\*See the last page for more information and signature\*

**Payment for Telehealth Services**

True To You Psychotherapy & Consulting, Inc. will bill for telehealth services the same as face-to-face services including no-show and late cancellation fees outlined in the informed consent.

**Patient Consent to the Use of Telehealth**

I have read and understand the information provided above regarding telehealth, have discussed it with my therapist, and all of my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein. By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

\_\_\_\_\_  
Patient (Print Name)

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date