Carol Harvey MFT
CA 94952 | 707-765-2635

Telehealth Consent Form

I, _____ (name) hereby consent to engage in Telehealth with Carol Harvey MFT.

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 my health care and/or that of my minor child.

By signing this form, I understand and agree to the following:

1. 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 Disclosure Statement/Informed Consent form that I received from Carol Harvey MFT also apply to my Telehealth services.

2. 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 Carol Harvey MFT, 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.

3. I understand that miscommunication between myself and Carol Harvey MFT may occur due to the nature of Telehealth.

4. 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.

5. I understand that at the beginning of each Telehealth session Carol Harvey MFT is required to verify my full name and current location.

6. 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 Carol Harvey MFT believes I would be better served by in-person therapy, she 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.

7. 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.

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

9. I have discussed the fees charged for Telehealth with Carol Harvey MFT and agree to them [or for insurance clients: I have discussed with Carol Harvey MFT and agree that Carol Harvey MFT will bill my insurance plan (if in-network) for Telehealth and that I will be billed for any portion that

is the client's responsibility (e.g. co-payments)], and I have been provided with this information in the Financial Agreement form.

10. I understand that Carol Harvey MFT will make reasonable efforts to ascertain and provide me with emergency resources in my geographic area. I further understand that Carol Harvey MFT 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.

Statement of Understanding

I understand that I have a right to a copy of this agreement. I have had any questions, I may have had, answered to my satisfaction.
I have read, understand, & agree to abide by this agreement & consent to participate in therapy via Telehealth with Carol Harvey MFT.

client	date	client	date
client/parent/guardian	date	client/parent/guardian	date

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 via Telehealth.

Therapist's Signature	Date