

Tele-therapy Informed Consent Form

I hereby consent to engage in tele-therapy with Adelaide Fulconis, LMFT 115847.

I understand that “tele-therapy” includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that tele-therapy also involves the communication of my medical/mental information, both orally and visually. The program that is used for all sessions is compliant to the BBS to ensure confidentiality in transmission of information online.

I understand that I have the following rights with respect to tele-therapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

2. The laws that protect the confidentiality of my medical information also apply to tele-therapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are discussed in detail in the Therapy Agreement I received with this consent form.

3. I understand that there are risks and consequences from tele-therapy, including, but not limited to, the possibility, despite reasonable efforts on the part of Adelaide Fulconis, that the transmission of my information could be disrupted or distorted by technical failures; and/or unauthorized persons could access the electronic storage of my medical information.

4. In addition, I understand that tele-therapy based services and care may not be as complete as face- to-face services. I also understand that if Adelaide Fulconis believes I would be better served by another form of therapeutic services (e.g. face-to-face services) I will be referred to a professional who can provide such services in my area.

5. I accept that tele-therapy does not provide emergency services. During our first session or prior, Adelaide Fulconis and I will discuss an emergency response plan. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1.800.273.TALK (8255) for free 24 hour hotline support.

6. I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my tele-therapy sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my tele therapy session.

7. I understand that while email may be used to communicate with Adelaide Fulconis, confidentiality of emails cannot be guaranteed.

8. I understand that I have a right to access my medical information and copies of medical records in accordance with applicable state law and BBS regulations.

9. I understand that disclosure of the location where I chose to conduct therapy online is required and if the location changes, it is the patient's responsibility to notify the provider to ensure compliance with State regulations. This is in place to ensure that appropriate emergency contacts/providers are accessible in the event of an emergency.

I have read, understand and agree to the information provided above.

Client or Parent Name and Signature(s) _____

Date _____