

Telehealth Consent Form

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Counseling is both a confidential and a professional relationship, even when conducted via phone, video-chat, or text-based chat. What you communicate during the course of treatment is protected by legal, professional and ethical standards. Information gathered in the course of treatment may not be released without your prior written consent. Telehealth is under the same California State Laws as in-person therapy in terms of the limits of confidentiality (please refer to additional Limits of Confidentiality Form for details).

Telehealth comes with its own set of risk, which the client should be aware of before engaging in services. Therapists conducting telehealth sessions will use platforms that meet the CAMFT legal and ethical requirements of privacy. Covered entities may not be technically HIPAA compliant; however the therapist and agency will comply with HIPAA standards as per CAMFT's telehealth guidelines.

Professional Ethical Standards Regarding Electronic Therapy

CAMFT *Code of Ethics*, Section 1.4.2 pertains to electronic therapy (e.g., therapy by telephone or internet). The CAMFT *Code of Ethics* recommends the following:

Ensuring telephone or video conferencing is an appropriate and suitable means of rendering psychotherapeutic services. Informing patients of the potential risks, consequences, and benefits of telehealth, including but not limited to, confidentiality, clinical limitations, transmission difficulties, and the ability to respond to emergencies. Obtaining informed consent as required by the California Telemedicine Act.

By signing this, the individual receiving therapy is also acknowledging that they are within the state of the service-provider's license, as per California State Law.

I have read this statement and fully understand the contents. I agree to these limits of confidentiality, telehealth risks, and legal requirements and will not hold The Agency staff or the agency liable for breach of confidentiality under the conditions stated above.

Participant/Guardian Signature

Date

Participant Signature

Date

As a minor, I give The Counselor or Agency permission to share information with my parents/guardians as is deemed appropriate throughout the counseling process

Minor's Signature

Date