

TELEHEALTH/TELEMEDICINE INFORMED CONSENT FORM

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Telehealth includes the delivery of psychotherapy services using secure audio, video, or data communication technology. It may involve the communication of mental health information orally and visually to clients located in California, Colorado, or other authorized jurisdictions. The following outlines your rights and responsibilities regarding the use of telehealth services.

1. Right to Withdraw - You have the right to withhold or withdraw consent for telehealth at any time without affecting your access to future care, services, or benefits to which you are otherwise entitled.

2. Confidentiality and Security -The confidentiality protections that apply to in-person psychotherapy also apply to telehealth. However, there are potential limitations to privacy when using technology. You acknowledge and accept the risks associated with:

- Disruptions or technical failures during transmission
- Unauthorized access to information transmitted electronically
- Breaches involving electronic storage or communication

Your therapist will take all reasonable measures to ensure the secure transmission and storage of your health information. No personally identifiable information will be recorded or shared without your written consent, except as required by law. Your therapist is also obligated to comply with all applicable California and Colorado laws related to confidentiality and mandated reporting (e.g., if there is a risk of harm to self or others, or in cases of abuse or neglect).

3. Benefits and Limitations

While telehealth can be beneficial and convenient, results cannot be guaranteed. Teletherapy may not be as complete or effective as in-person sessions for some individuals or presenting concerns. If at any time your therapist determines that telehealth is not clinically appropriate, she will discuss alternative options, including in-person care or referrals to a local provider.

4. Emergency Planning and Location Disclosure

Because your therapist may not be physically with you in the event of a crisis, you agree to:

- Keep your current physical address on file
- Inform your therapist at the start of each session if you are at a different location
- Provide the name and contact information of a local emergency contact and preferred hospital

In the event of a life-threatening emergency, call 911 or go to the nearest emergency room. If a crisis arises during session and your safety is at risk, you authorize your therapist to contact emergency services and share your location as needed to ensure your safety.

5. Technology Requirements - You agree to use a secure, private location for your sessions and to avoid public Wi-Fi or shared devices whenever possible. Your therapist will use a HIPAA-compliant telehealth platform (Zoom for Healthcare).

If a session is interrupted due to technical difficulties, your therapist will attempt to reconnect immediately. If reconnection is not possible within 10 minutes, she may contact you by phone or email to reschedule or continue the session, if appropriate.

6. Jurisdictional Limitations - At this time, your therapist may only provide telehealth services to clients who are physically located in California or Colorado at the time of the session. It is your responsibility to inform your therapist if you will be outside these jurisdictions during a scheduled session, as she may not be legally permitted to conduct the session.

7. Emergency Contact Information - On your Intake Form, you will be asked to provide the name and phone number of a local emergency contact. Please ALSO note your preferred hospital near your current location on the form OR on the Signature Page. This information is required for your therapist to comply with safety and legal obligations in the event of a crisis during a telehealth session.

If you have any questions about this form or about telehealth in general, please ask your therapist for clarification. By signing the Signature Page (separate), you acknowledge that you have read, understood, and agreed to the terms of this Telehealth Informed Consent.