

INFORMED CONSENT TO TELEHEALTH

Telehealth allows LADC to diagnose, consult, treat, and educate using interactive audio, video and/or data communication regarding client’s treatment. Consent to participate in psychotherapy via the internet (hereinafter referred to as telehealth with the LADC is listed below:

Client Name: _____ **DOB** _____

Address: _____

Clinician: Kate Cavett, LADC, MA

I understand I have the following rights under this agreement

- I have a right to confidentiality with Telehealth under the same laws that protect the confidentiality of my medical information for in-person psychotherapy. Any information disclosed by me during the course of my therapy, therefore, is generally confidential. There are, by law, exceptions to confidentiality, including mandatory reporting of child, elder, and dependent adult abuse and any threats of violence I may make towards a reasonably identifiable person.
- I also understand that if I am in such mental or emotional condition to be a danger to myself or others, my LADC has the right to break confidentiality to prevent the threatened danger.
- Further, I understand that the dissemination of any personally identifiable images, or information from the Telehealth interaction, to any other entities shall not occur without my written consent.
- I understand that while psychotherapeutic treatment of all kinds has been found to be effective in treating a wide range of mental disorders, personal and relational issues, there is no guarantee that all treatment of all clients will be effective.
- Thus, I understand that while I may benefit from Telehealth, results cannot be guaranteed or assured. I further understand that there are risks unique and specific to Telehealth, including but not limited to, the possibility that our assessment and/or therapy sessions or other communication by my LADC to others regarding my treatment could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons.
- In addition, I understand that Telehealth treatment is different from in-person therapy and that if my LADC believes I would be better served by another form of psychotherapeutic services, such as in-person treatment, I will be referred to a LADC in my geographic area that can provide such services.

I have read and understand the information provided above. I have the right to discuss any of this information with my LADC and to have any questions I may have regarding my treatment answered to my satisfaction. I understand that I can withdraw my consent to Telehealth communications by providing written notification to Kate Cavett, LADC at the address above. My signature below indicates that I have read this Agreement and agree to its terms.

Client signature _____ Date _____

Staff signature _____ Date _____