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| **Tele -Therapy** |
| *In California, “Teletherapy” (Telehealth/Telemedicine) is defined as a method to deliver health care services using information and communication technologies to facilitate the diagnosis, consultation, treatment, and care management while the patient and provider are at two different sites*. This form of service is usually live videoconferencing through a personal computer with a webcam. Teletherapy also involves the communication of medical/mental information, both orally and visually, to health care practitioners located in California.  This form of therapeutic intervention is relatively new, therefore not a lot of research indicating its effectiveness has been established. An important part of being in therapy is sitting face-to-face with an individual, where non-verbal communication (body language) is readily accessible to both therapist and client. Consequently, without this information, teletherapy may result in slower progress and/or be less effective. Therefore, if your psychotherapist believes you would be better served by another form of psychotherapeutic services (e.g. face-to-face services) you will be referred to a psychotherapist who can provide such services in your area.  At the start of each Teletherapy sessions, your therapist will ask for your physical location at that moment. If you are located outside the State of California, your therapist will not be able to provide services, you will be responsible for the full cost of the session and it will be included as one of your 6 Cancellation Sessions. Our therapists are licensed in the state of California, which means *both client and therapist must be in California* at the time of service. |
| **Requirement to Provide Notice to Psychotherapy Clients** |
| Beginning July 1, 2020, all mental health counselors, whether licensed or unlicensed, will be required to provide a notice to each of their clients stating where they can file a complaint. (AB630, Chapter 229, Statutes of 2019).  The Board of Behavioral Sciences (BBS) receives and responds to complaints regarding services provided within the scope of practice of (marriage and family therapists, licensed educational psychologists, clinical social workers, or professional clinical counselors). You may contact the board online at www.bbs.ca.gov, or by calling (916) 574-7830 |
| **Teletherapy Clients Only** | |
| By signing you acknowledge understand the risks and consequences from teletherapy (telehealth/telemedicine), including, but not limited to, the possibility, despite reasonable efforts on the part of your psychotherapist, that: the transmission of your medical information could be disrupted or distorted by technical failures; the transmission of your medical information could be interrupted by unauthorized persons; and/or the electronic storage of your medical information could be accessed by unauthorized persons.  🖌   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Signature** |  | **Date** |  | **Print Name** |  | **Date of Birth** | | |

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| **Office Use ONLY:** |  |  |  |  |  |  |
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| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Form/Information** | **Given** | **Declined** | **Date** | **Initial** | | **Consent for Tele-Therapy** | **🗸** |  |  | ***Sent via email*** |   **Witnessed by:**   |  |  |  |  |  | | --- | --- | --- | --- | --- | | M. Lourdes Tapia, MA, LMFT |  | 🖌  ***MLTapia*** |  |  | | **Print Witness/Therapist’s Name** |  | **Witness/Therapist’s Signature** |  | **Date** | | | | | | | |
| **Inability to obtain ACKNOWLEDGEMENT**  To be completed only if signature is **not** obtained. Please check box which applies:  Client /Parent have refused to sign  Describe the ***Good Faith*** effort to obtain client’s acknowledgement, and the reason(s) why it was not obtained   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | | | | | | |  |  | 🖌 |  |  | | **Print Witness/Therapist’s Name** |  | **Witness/Therapist’s Signature** |  | **Date** | | | | | | | |

*Confidential Information | California W&I Code 5328*