



Maria Coleman, LMFT
Licensed Marriage and Family Therapist
Terapeuta Licenciada Familiar
License #92626

INFORMED CONSENT FOR TELETHERAPY

This document represents your agreement to use teletherapy as part of your established mental health treatment. It serves as an adjunct to the signed Agreement for Services and Informed Consent for Treatment whose policies and procedures remain in effect.

Teletherapy is the practice of delivering mental health care services via technology assisted media or other electronic means and various programs such as doxy.me, VidHealth or VSee between a therapist and a client who are located in two different locations within California.

- (1) I hereby consent to engaging in teletherapy with Maria Coleman, LMFT, licensed in California, as part of my psychotherapy. I have the right to withhold or withdraw consent at any time.
- (2) I understand that Therapist does not provide emergency services or crisis intervention for clients engaging in teletherapy. I understand that, if I am in a crisis, I will call 911 or go to the nearest Emergency Room.
- (3) I agree to provide the address/location I will be using for each session.
- (4) The laws that protect confidentiality in face-to-face therapy (as detailed in the Agreement for Service and Informed Consent for Treatment) also apply to teletherapy. As such, I understand that the information disclosed by me during the course of teletherapy is confidential with the same mandatory and permissible exceptions to confidentiality.
- (5) I am aware that use of technology introduces certain risks. Risks include, but are not limited to, the possibility, despite reasonable efforts on the part of Therapist, that disruption of transmission by technical failures can occur; the transmission of personal information could be intercepted by unauthorized persons; and/or any electronic storage of personal information could be accessed by unauthorized persons. I also understand that the program used has its own policies that might interfere with confidentiality.
If interruption occurs, we will end and restart the session. If we are unable to reconnect within five minutes, Therapist will call you or re-schedule session.
- (6) I understand there will be no recording of any of the online sessions by either party. All information disclosed within sessions are confidential and may not be disclosed to anyone without written authorization, except where the disclosure is permitted and/or required by law.

I have read the information provided above and discussed it with my therapist. I understand the information contained in this form and my questions have been answered to my satisfaction.

Client Signature

Date

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