

INFORMED CONSENT TO TELETHERAPY

Teletherapy allows Dr. Garbell to diagnose, consult, treat and educate using interactive video and audio communication. I understand that in order to participate in Teletherapy I must agree to the following:

Teletherapy sessions are conducted via Doxy, a HIPAA-Compliant videoconferencing software. No other programs will be used. Doxy provides encryption and protects client information in compliance with HIPAA, which is why Doxy is chosen over Skype or other alternatives. Clients will be required to use this service to connect for Teletherapy. Therapist will provide instructions on how to accomplish this. It is the responsibility of the client to provide their own equipment in order to conduct the teletherapy session. This includes any electronic device with a built-in camera and microphone (computer, tablet, or cell phone), and internet access to conduct the session.

Clients have a right to confidentiality with Teletherapy under the same laws that protect the confidentiality for in-person psychotherapy. Any information disclosed during the course of Teletherapy, therefore, is confidential. It is the responsibility of the client to make sure the environment chosen to conduct the teletherapy session is as private as possible. In this environment it is the client's responsibility to keep distractions to a minimum. In addition, it is the responsibility of the client to protect confidential information within their own environment (prevent anyone from listening in to the session from somewhere else in the environment). It is the therapist's responsibility to do the same in her environment.

There are, by law, exceptions to confidentiality, including mandatory reporting of child, elder, and dependent adult abuse and any threats of violence the client may make towards a reasonably identifiable person. Clients understand that if they are in such mental or emotional condition to be a danger to themselves or others, Dr. Garbell has the right to break confidentiality to prevent the threatened danger.

Teletherapy does not provide emergency services. If you are experiencing an emergency situation call 911, call or visit the Mary K. Shell Mental Health Center (2151 College Ave., Bakersfield 93305; 1-800-991-5272), or proceed to the nearest hospital emergency room for help. If you are having suicidal thoughts contact the National Suicide Prevention Lifeline at 1(800) 273-8255 or the Crisis Text Line (send a text to 741741). Both the National Suicide Hotline and Crisis Text Line are open 24 hrs. a day, every day of the year.

Clients are not allowed to record Teletherapy sessions or capture photos from the Teletherapy sessions without the therapist's consent. If permission is given, photos or recorded Teletherapy sessions cannot be disseminated to others via text, internet, email, or any other means.

All Teletherapy sessions are conducted within the state of California and are governed by California state laws. Any Teletherapy sessions conducted must be within the physical boundaries of California. It is the responsibility of the client to inform the therapist if they are not physically in California at the time of the session, and if not then the Teletherapy services cannot be offered.

While psychotherapeutic treatments of all kinds have been found to be effective in treating a wide range of mental issues as well as personal and relational issues, there is no guarantee that Teletherapy treatment will be effective. While a client may benefit from Teletherapy, results cannot be guaranteed or assured.

There are risks unique and specific to Teletherapy, including but not limited to, the possibility that our Teletherapy sessions can be disrupted or distorted by technical failures or can be interrupted or accessed by unauthorized persons. In the event of disruption to the online session, therapist may end the videoconference and call the client via phone to complete the session.

Teletherapy treatment is different from in-person therapy and if my therapist believes I would be better served by in-person treatment she will inform me as soon as possible.

I have read and understand the information provided above. I have the right to discuss any of this information with Dr. Garbell and to have any questions I may have regarding my treatment answered to my satisfaction. I understand that I can withdraw my consent to Teletherapy by providing written notification to Dr. Garbell. My signature below indicates that I have read this Agreement and agree to its terms.

Client Name (printed): _____

Client Signature: _____

Date: _____