

## CONSENT FOR ONLINE THERAPY TREATMENT

Client Name: \_\_\_\_\_ Date of birth \_\_\_\_\_

### Consent for Treatment

I authorize and request that my e-therapy provider, Siobhan O'Connor, MFT, utilize any psychological assessment, referrals, treatment, and/or diagnostic procedures that are deemed advisable during the course of my care as a client. My therapist will use her clinical judgment to draw on various psychological approaches and interventions to best assess and treat my presenting problems. I have the right to ask my therapist further about her training, qualifications, and areas of specialized experience and clinical interest. I also have the right to verify her license through the California Board of Behavioral Sciences website.

### Confidentiality

All information disclosed within emails, chat therapy, and telephone/Skype therapy sessions and the written records pertaining to treatment is confidential and may not be revealed to anyone outside of the treatment unit without my written permission, except where disclosure is required by law. The exceptions include: when there is reasonable suspicion of child abuse or elder or dependent adult abuse, or where the client presents danger of violence to an identifiable victim. If there were a subpoena by the court of law, records would need to be turned over for the legal proceedings. The therapist would also be allowed to break confidence when a client is likely to harm him- or herself unless protective measures are taken.

### Risks and Expectations of Telemedicine Treatment

I understand that, as with in-person treatment, there is no guarantee that the telemedicine treatment will be effective in reaching my particular goals. I further understand that there are risks unique and specific to telemedicine. With telemedicine it is possible that our therapy sessions or other communication by my therapist could be disrupted or distorted by technical failures.

### Payment for Service

The payment is expected before a session can commence – by using the PayPal payment button on the therapist's website.

### Scheduling and Cancellations

I am responsible for making and keeping my appointments for telephone, video, and chat therapy sessions. Since the scheduling of an appointment involves the reservation of time specifically for me, I must cancel my appointment at least 48 hours prior to the scheduled session if I cannot attend, or I will be charged the usual fee.

I have read and understand the information provided above. I have the right to discuss any of this information with my therapist and to have my questions answered to my satisfaction.

Please scan and email this signed consent form to: **soconnor@change-a-habit.com**

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_