

**Andrea L. Bell, LCSW, SEP**  
**SomaticWise**  
**TELEHEALTH CONSENT FORM**

I \_\_\_\_\_(client's name) hereby consent to engage/participate in telehealth with Andrea L. Bell, LCSW/SomaticWise, as part of my psychotherapy.

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Client understands that “telehealth” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education, using interactive audio, video, or data communications. Client understands that telehealth may also involve the communication of client’s medical/mental information, both orally and visually, to health care practitioners who may be located in California or outside of California.

Because of recent advances in communication technology, the field of tele-therapy has evolved. It has allowed individuals who might not have local access to a mental health professional, to use electronic means to receive services. It is my understanding that at the current time, there is no research showing that therapy via telehealth is substantially less effective than in-person psychotherapy.

An important part of therapy, particularly somatically based psychotherapy, is being present in the same room with an individual, where non-verbal communication (body signals) are readily available to both therapist and client. Without this information, tele-therapy may be slower to progress or less effective. With the telephone, the client’s tone of voice, pauses and choice of words become especially important and therefore may become an important focus of the sessions. What is important here is that you are aware that tele-therapy may or may not be as effective as in-person therapy and therefore we must pay close attention to your progress and periodically evaluate the effectiveness of this form of therapy.

If I have not met you in person, I may request that you be interviewed by a professional in your area and allow me to talk to that individual before proceeding with therapy.

With tele-therapy, there is the question of where is the therapy occurring – at the therapist’s office or the location of the client? It is my policy to inform clients that they are receiving services from my office (as if they were physically traveling to Long Beach, CA) and therefore are bound by the laws of the State of California. In addition, my clients must reside within the State of California. I am not legally able to provide teletherapy for persons living outside of the state of California, and as such I do not consent to engaging in teletherapy with anyone living outside of California. Some exceptions may apply, for example during local or national emergencies; and such exceptions must be explicitly discussed with me (Andrea Bell) and documented in the case record.

Client understands that they (client) have the following rights with respect to telehealth:

- 1) The right to withhold or withdraw consent at any time, and doing so would not affect client’s right to future care or treatment.
- 2) The laws that protect the confidentiality of medical information also apply to telehealth. As such, client understands that the information disclosed during the course of client’s therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse;

expressed threats of violence towards an ascertainable victim; and where a client makes their mental or emotional state an issue in a legal proceeding.

Client also understands that the dissemination of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without client's written consent.

Client also understands that client is responsible for securing privacy in the client's immediate environment during telehealth sessions, that is, arranging for a private place to engage in the session with the therapist. Furthermore, if it isn't possible to arrange such a place for the entire duration of the session, then client should notify the therapist of this fact, and how client wants to proceed. Additionally, there are other options available for consideration, including telephone calls and in-office sessions, which may or may not involve referral to another clinician depending on specific circumstances.

3) Client understands that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the psychotherapist, that:

- \* the transmission of medical information could potentially be disrupted or distorted by technical failures;
- \* the transmission of medical information could potentially be interrupted by unauthorized persons;
- \* and/or the electronic storage of medical information could potentially be accessed by unauthorized persons, despite therapist's efforts to prevent this.

In addition, client understands that telehealth based services and care may not be as complete as face-to-face services.

Client also understands that if psychotherapist believes client would be better served by another form of psychotherapeutic services (e.g. face-to-face services), then client will be referred to a psychotherapist who can provide such services in client's local geographical area. Finally, client understands that there are potential risks and benefits associated with any form of psychotherapy, and that despite client's efforts and the efforts of the psychotherapist, client's condition may not be improve, and in some cases may even get worse.

4) Client understands that they may benefit from telehealth, but that results cannot be guaranteed or assured.

5) Client understands that if client is in need of emergency mental health services, client will go to my local emergency room at \_\_\_\_\_.

6) Client understands that they have a right to access their medical information and copies of medical records in accordance with California law.

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I [client] have read, understand and agree to the information provided above. I [client] have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

\_\_\_\_\_  
**Signature of client/parent/guardian/conservator.** If signed by other than client, indicate name and relationship

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_