



"Life is comprised of continuous opportunities to practice."

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## Telehealth Informed Consent and Agreement Form

I \_\_\_\_\_ (name of client) hereby consent to engaging in telehealth with Life Practice Counseling Group (LPCG) Marriage and Family Therapist (Trainee/Associate) \_\_\_\_\_ (under the Supervision of Carisa Sherwood, LMFT #48768) as part of my psychotherapy. I understand 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.

\_\_\_\_\_ The current platforms that LPCG uses is through our Therapynotes portal or Doxy.me.  
*Initials*

\_\_\_\_\_ Telephone sessions are only allowed after a therapeutic relationship has been established and can only happen rarely.  
*Initials*

I understand that I have the following rights with respect to telehealth:

\_\_\_\_\_ I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.  
*Initials*

\_\_\_\_\_ The laws that protect the confidentiality of my therapy information also apply to telehealth. These laws were discussed in my first face-to-face session and/or are included in the agencies Informed consent packet that I signed.  
*Initials*

\_\_\_\_\_ I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission could be disrupted or distorted by technical failures; the transmission could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.  
*Initials*

\_\_\_\_\_ In addition, I understand that telehealth based services and care may not be as complete as face-to-face services. (Couple and Family Therapy sessions are more effective in person.) I understand that if my therapist believes I would be better served by another form of psychotherapy (e.g., face-to-face services) that will be recommended and services may possibly be terminated if services are not suitable for telehealth. I also understand that I must physically be in California to obtain services; telehealth services are not available if I am physically outside of California.  
*Initials*

\_\_\_\_\_ I understand that I may benefit from telehealth, but that results cannot be guaranteed or assured.  
*Initials*

\_\_\_\_\_ I understand that I have a right to access my medical information and copies of my medical information in accordance with California law.  
*Initials*

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To secure your telemedicine session, LPCG requests that **payment be made in advance** that will be  
**Initials** arranged with your therapist. Refunds are not available but if an appointment is cancelled before  
the 24 hour late cancellation time funds can be used for a rescheduled appointment.

           LPCG therapists will insure a private and confidential setting on their end of the telehealth  
**Initials** conversation. LPCG requests clients find a similar private place free from distractions during  
session otherwise the session will be canceled and the full session fee is still payable and will not be  
refunded. (Such distractions include, but are not limited to: other people being present in the  
room, children being present or interrupting, pets interrupting, eating, cooking, driving, walking  
outside, possibly being in your vehicle, etc..)

           LPCG requests that you treat telehealth just as you would a session in person and have your full  
**Initials** attention, presence, and coherence. Clients cannot be under the influence of any substances or be  
consuming any substances during the session.

           If your child is engaging in telehealth services for individual, you the parent agree to give the child  
**Initials** complete privacy and will not listen in on the session. If you can hear the session, you agree to  
remove yourself from where you can hear or to put on earbuds to listen to something else.

I have read and understand the information provided above. I have discussed it with my therapist, and all  
of my questions have been answered to my satisfaction.

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Signature of Client/Parent or Legal Guardian

Date

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Signature of Therapist/Associate/Trainee

Date