



Therapy for Individuals and Couples

David Sanders Counseling, LLC
Redmond WA · (971) 220-5797
License #: MC60189034

CONSENT FOR TELEHEALTH SERVICES

I (the undersigned) am engaging in telemedicine with David Sanders, as part of my psychotherapy care at David Sanders Counseling, LLC. I understand that “telemedicine” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I understand that telemedicine also involves the communication of my medical/mental information, both orally and visually, to health care practitioners.

David Sanders uses Zoom, which is a HIPAA compliant (with audio phone calls as a backup). In order to use this platform, clients must have access to a computer (or another device, such as a phone or tablet) that has a camera, microphone, and is Internet or Mobile network capable. In the event of a technology failure (internet connection problem or browser problem), David will call on the phone to determine the next steps.

With recent advances in communication technology, the field of tele-therapy has evolved. It has allowed individuals who may not have local access to a mental health professional to use electronic means to receive services. However, it is important to be aware that teletherapy may or may not be as effective as in-person therapy. David will pay close attention to your progress and periodically evaluate the effectiveness of this form of therapy.

In addition, David is licensed in Washington state only. Therefore, he is only able to provide therapy to clients here in Washington. He will not be able to continue to provide teletherapy services if you move to a state where he is not licensed or where he is unable to legally practice therapy.

CLIENT RIGHTS IN TELETHERAPY:

I understand that I have the right to withhold or withdraw consent for teletherapy at any time without affecting my right to future care or treatment, nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

I understand that the laws that protect the confidentiality of my medical information also apply to telemedicine. As such, I understand that the information disclosed by me during the course of my 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 I make my mental or emotional state an issue in a legal proceeding.

I understand that the dissemination of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without my written consent.

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

In addition, I understand that telemedicine-based services and care may not be as complete as face-to-face services. I also understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic services (e.g. face-to-face services) I will be referred to a psychotherapist who can provide such services in my area.

Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my psychotherapist, my condition may not be improved, and in some cases may even get worse. I understand that I may benefit from telemedicine, but that results cannot be guaranteed or assured. I understand that I have a right to access my medical information and copies of medical records in accordance with state law.

CRISIS:

As David is not physically present in the telemedicine session, I understand he will be asking where I am located at the beginning of each session. This allows him to be able to respond effectively in the event of an acute crisis and notify emergency responders to my location. In the event of a mental health emergency, I know that I can contact 911 or reach out to the following:

National Suicide Hotline: 1-800-273-TALK

Crisis Text Line: Text "Connect" to 741741

I have read and understand the information provided in this form.

Client Printed Name

Date

Client Signature

Date

Second Client Printed Name (if applicable)

Date

Second Client Signature (if applicable)

Date

Therapist Signature

Date