

JUDITH Z. ANDERSON, PH.D. CLINICAL PSYCHOLOGY
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Informed Consent for Telehealth Services

Telehealth involves healthcare delivery (diagnosis, consultation, treatment, transfer of personal data, and education) using interactive (real time), two-way transfer of information.

Communications may occur through audio, video, or data exchange [Zoom, phone]

Below is the important information about telehealth services:

1. You have the right to withhold or withdraw consent for telehealth services at any time. Doing so will not affect your right to future care or treatment.
2. All existing confidentiality protections and exceptions also apply to telehealth therapy. For video sessions, HIPPA compliant technology platforms are used, protecting the privacy and confidentiality of your personal information. Video sessions are not recorded by Dr. Anderson and information from telehealth therapy is not shared with anyone without your consent. As with face to face therapy, telehealth therapy exceptions to confidentiality include reporting child, elder or dependent adult abuse, threats of violence to another person, and/or threats of self-harm.
3. There are risks and possible consequences of telehealth therapy despite reasonable efforts of Dr. Anderson. They include, but are not limited to: technical failures could disrupt or distort the transmission of personal information, unauthorized persons could intercept the transmission of personal information, and/or unauthorized persons could access the electronic storage of personal information. In addition, telehealth therapy may not be as complete or effective as face-to-face therapy. If Dr. Anderson believes that you would be better served by another form of intervention, such as face-to-face or more intensive treatment, she will make that recommendation. As with any form of psychotherapy, telehealth psychotherapy results cannot be guaranteed. Certain situations are inappropriate for telehealth based psychotherapy services, including severe depression, psychotic symptoms, life threatening situations, severe difficulties coping due to emotional distress or problems with drugs and/or alcohol.
4. Existing laws regarding patient access to medical information and copies of medical records also apply to telehealth services. You have a right to access your personal information and copies of your records in accordance with California law.

Please sign below to indicate that you have read and understand the information provided above and that you consent to engage in telehealth therapy with Dr. Anderson.

Client Signature: _____

Partner or other Parent Signature]_____

[if Couples or Family Therapy only]

Date: _____