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Consent Form for Teletherapy

During this difficult time of the current health pandemic, I am offering see clients via teletherapy. It is important that you read this document carefully and ask any questions you might have prior to starting teletherapy services. This document/agreement contains important information about the following:

1. Use of remote services
2. Privacy and confidentiality of remote services.

By choosing to sign this form, I understand that the privacy or security of any session content or communication being sent through the internet cannot be guaranteed by phone, email, or teletherapy. Though unlikely, there is potential that videoconferencing sessions, emails, phone calls, or voicemails can be intercepted and reviewed by others, and it is possible that there could be disruptions to therapy due to technological difficulties. I understand that communicating via these mediums is not 100% secure.

Since it is difficult to see the walls of the office, I would like you to consider the following:

1. I ask you to be alone in the room with as few distractions as possible, unless agree upon otherwise. Cellphones should be turned off or on vibrate, do not text during session, do not e-mail, use the internet.
2. Please do not call your while you are driving or in a public area.
3. Please text me if you are running late (310) 486-3400.
4. Please inform provider of any pets or people in the home at the time of session.
5. Please make sure that all televisions, radios, and any electronics (e.g., iPod, stereo) are turned off.
6. Please do not engage in other activities during sessions (e.g., cooking, cleaning, eating).
7. Please note if there are continuous difficulties with technology (audio/video) a recommendation for services by phone will be made.
8. Please be sure to have your devices fully charged prior to your scheduled appointment.
9. For best picture and audio quality, a hardwired connection (via LAN cable) rather than a wireless connection should be used if possible. Headphones add additional security.
10. Please do what you need technologically least 5-10 minutes prior to your appointment time.

By signing this form, you are agreeing to receive teletherapy services during this period.

I consent to participate in counseling sessions or communication via the internet, phone, email, and teletherapy via Google Suite which is a platform that is highly secure and is HIPAA compliant.

Email communication will come from draf@drafreeman.com

I have been informed of and understand the risks and procedures involved with using the videoconferencing/phone technology. I agree to the terms listed above and I hereby voluntarily consent to the use of this platform for therapy sessions with my provider.

My signature indicates that I have had the opportunity to ask questions about this modality and these questions have been answered to my satisfaction. These matters have been explained to me fully and I freely give consent to receive counseling services.

I consent to receiving email communication for my teletherapy appointment link using the following email: _____

I agree to confirm appointments upon receiving the link.

I have access to a webcam/smart phone (Circle One): Yes No

_____	_____	_____
Client/Parent/Guardian	Signature Client/Parent/Guardian	Date

_____	_____	_____
Clinician Printed Name	Signature of Clinician	Date