**Trust 2 Believe**
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# Informed Consent for Telehealth

## What telehealth means

I consent to psychotherapy using secure video or another mutually agreed remote communication method while I am physically located in a jurisdiction where the therapist may lawfully provide services. My therapist may verify my identity, physical location, and emergency contact at each session.

## Benefits and limitations

Telehealth can improve access and convenience, but connection failures, unauthorized access, interruptions, or lack of privacy may occur despite reasonable safeguards. Remote care may not be appropriate for every condition or emergency; referral to in-person or higher-level care may be recommended.

## Privacy and setting

I will make reasonable efforts to join from a private location using a secure connection and device. Neither the therapist nor client will record a session without prior appropriate written permission.

## Technology and emergency plan

If the connection fails, we will use the agreed backup plan. I understand the therapist cannot provide immediate emergency response remotely. In emergencies, call 911 or go to the nearest emergency department; 988 is available for crisis support.

My current California city / usual telehealth location

Emergency contact name and phone

Backup phone number for disconnections

## Choice and consent

I may ask questions, discuss alternatives, and withdraw consent to telehealth. Fees and confidentiality protections are addressed in separate practice documents.

I voluntarily consent to telehealth psychotherapy

- [ ] I consent

## Acknowledgment / signature




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Client full name

Client signature (type name if accepted by your secure e-signature workflow)

Date

Electronic signatures should be collected through an approved system that records consent and audit details.