

Suzann McIntire, M.S.  
Licensed Marriage and Family Therapist #52701  
626-214-5271



## CONSENT FOR TELEHEALTH SERVICES

- I understand and agree that I have consented to engage in teletherapy with Suzann McIntire, LMFT. I understand that “teletherapy” includes consultation, treatment, transfer of medical data, emails, telephone conversations and education using interactive audio, video, or data communications. I understand that teletherapy also involves the communication of my medical/mental information, both orally and visually.
- I understand that there are risks and consequences from teletherapy, including, but not limited to, the possibility, despite reasonable efforts on the part of my therapist, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. I do understand that I have consented to treatment via the “Doxy.me” videoconferencing program which is certified as HIPAA compliant, but that no technology is perfect and errors or problems in transmission could occur.
- I understand that I am responsible for (1) providing the necessary computer or smartphone and internet access for my teletherapy sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session.
- I understand that the fee for cancellation of a teletherapy session without 24 hours notice is \$50, although exceptions may be made at the discretion of my therapist, Suzann McIntire, LMFT.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian (If Applicable): \_\_\_\_\_ Date: \_\_\_\_\_