



2496 E Street, #2A
San Diego, CA 92102
P 619.407.9424
F 888.965.5102
michaeljuan@outlook.com

Consent for Telehealth Services

I, _____, consent to telehealth psychotherapy services with clinical psychologist, Michael Juan, Ph.D. (PSY25664).

In special circumstances, Michael Juan will provide telehealth psychotherapy services taking into account accessibility and clinical considerations. These services are only provided to clients residing in California. Telehealth psychotherapy refers to mental health services using telecommunication technologies. Michael Juan utilizes telephone, mobile devices, videoconferencing, email, and internet for this purpose. Telehealth psychotherapy is provided when a client is at one site and the mental health provider is at a distant site.

Risks & Benefits

I understand that Michael Juan offers telehealth psychotherapy (aka teletherapy, online therapy) via Doxy.me; a HIPAA-compliant, web-based video conferencing platform, with whom a Business Associate Agreement is in place to protect my privacy. I understand that technological challenges may occur including communication becoming distorted or lagged at times. Sessions may be dropped completely. In events like these, my therapist will try to reconnect, then if needed, call the phone number I specify. I acknowledge that while telehealth can have many benefits – including increased accessibility and continuation of care – it is not guaranteed to be effective for me. Michael Juan will assess whether my clinical needs are a good fit for telehealth before and during treatment. Several factors must be considered in determining appropriateness for telehealth, including, but not limited to severity of symptoms, history, crisis status, ability to use technology. If in Michael Juan's professional judgment, my concerns are not best addressed using telehealth, or if my clinical needs become greater than can be provided for with this medium, and are no longer an appropriate fit for telehealth, Michael Juan will provide me appropriate resources. Common situations may include active suicidal or homicidal ideation, psychotic symptoms, and crises or emergencies that cannot be addressed remotely. In these cases, Michael Juan will work with me to find a higher level of care and/or in-person referrals. If I find that telehealth is no longer meeting my needs and that I would like to find an in-person referral, I will let my therapist know as soon as possible.

Confidentiality

I understand that the limits of confidentiality using telehealth remain the same as with in-person psychotherapy and are in accordance with Michael Juan's *Notice of Privacy Practices* and *Informed Consent for Treatment*. There may be additional limits to confidentiality due to technology, including but not limited to unintended unauthorized access or potential environmental interruptions.



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Emergency Contact

I understand that Michael Juan requires an emergency contact be specified in order to participate in telehealth services. If I am in imminent danger of harming myself or another, or there is another life threatening emergency, my therapist will contact my specified emergency contact and/or the police in order to protect my safety. My signature on this document indicates that I understand Michael Juan may contact my emergency contact or the police in extreme circumstances as stated.

Special Considerations for Telecommunications

In order to protect my privacy, I understand that it is best to have active anti-virus software on my device. As much as possible, I will be located in a private, non-public area where others cannot hear our session. I will let Michael Juan know of my location at the beginning of each session for safety reasons. I will not share the Doxy.me login link with others. I will remember to log-out and close my browser following sessions. Additionally, I will not participate in therapy while driving or engaging in any other activities that could interfere with my ability to be present. My therapist will also follow these protocols. I acknowledge that at any time Michael Juan or I may suspend telehealth psychotherapy for privacy, technical, or clinical reasons.

I have reviewed and understand the details of this agreement. My signature below indicates my informed consent to participate in telehealth services with Michael Juan, Ph.D.

Emergency Contact Person

Name: _____ Phone number: _____

Relationship: _____

Location/Contact Information

Contact phone number: _____

Address during telehealth services: _____

The nearest hospital while using telehealth: _____

Client Signature: _____ **Date:** _____