

Andrew M. Leeds, Ph.D.
Licensed Psychologist (#PSY10471)
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TELETHERAPY CONSENT FORM
(Required in the event telehealth is necessary)

By signing below, I consent to engage in teletherapy with Andrew M. Leeds, Ph.D.

Teletherapy is a form of psychological service provided via internet technology using interactive audio and video. Teletherapy involves the communication of my medical/mental health information, both orally and visually. Teletherapy has the same purpose as in person psychotherapy. However, due to the nature of the technology used, I understand that teletherapy may be experienced somewhat differently than face-to-face treatment sessions.

Patient Rights, Risks, and Responsibilities

I understand that I have the following rights with respect to teletherapy:

1. I must be a resident of California. (Legal requirement for psychologists practicing with a CA license.)
2. I have the right to withdraw consent at any time without affecting my right to future treatment.
3. Laws that protect the confidentiality of my psychotherapy/medical information also apply to teletherapy. There are limited exceptions to confidentiality, which are described in the general Consent Form I received and agreed to at the start of my treatment.
4. I understand that there are risks and consequences of participating in teletherapy, including, but not limited to, the possibility, despite best efforts to ensure high encryption and secure technology that the transmission of my information could be disrupted or distorted by technical failure or the transmission of my information could be interrupted by unauthorized persons.
5. I understand that teletherapy based services and care may not be as complete as face-to-face services.
6. As with in person psychotherapy, I understand I may benefit from teletherapy, but that results cannot be guaranteed. I understand there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my psychologist, my condition may not improve, and in some cases may even get worse.
7. I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy. I am responsible for (i) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, and (ii) arranging a location with enough lighting and privacy that is free from distractions or intrusions for my teletherapy session(s). It is the responsibility of Andrew M. Leeds, Ph.D. to do the same on his end.
8. I understand that dissemination of any personally identifiable images or information from the telemedicine interaction to other persons or entities shall not occur without my written consent.

I have read, understand and agree to the information and conditions above regarding telehealth.

Signature: _____ Date: _____

Print Name: _____