

Cheryl Bartky, LPCC 57

Counseling for the Soul

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Informed Consent to Telehealth

Telehealth allows my therapist to diagnose, consult, treat, and educate me using interactive audio, video, or data communication regarding my treatment. I hereby consent to participate in counseling/psychotherapy via telephone, video, or the internet (hereafter referred to as Telehealth) and/or creative arts therapy/dance-movement therapy via video/the internet.

Your Name: _____

I understand I have the following rights under this agreement:

I have a right to confidentiality with Telehealth under the same laws that protect the confidentiality of my medical information for in-person counseling/psychotherapy and creative arts/dance-movement therapy. Any information disclosed by me during the course of my therapy is confidential except for the exceptions noted below:

- Mandatory reporting of child, elder, and dependent adult abuse
- Any threats of violence made towards a reasonably identifiable person
- If you are a danger to yourself or another
- If a valid subpoena is issued requesting your records

I understand that while psychotherapeutic treatment of all kinds has been found to be effective in most situations, there is no guarantee that all treatment of all clients will be effective. Thus, I understand that while I may benefit from Telehealth, results cannot be guaranteed or assured, and, may be different from the benefits received through in-person treatment.

I further understand that there are risks unique and specific to Telehealth, including but not limited to, the possibility that our therapy sessions could be disrupted or distorted by technical failures.

I have read and understand the information provided above. I have the right to discuss any of this information with my therapist and to have any questions regarding my treatment answered to my satisfaction.

I understand that I can withdraw my consent to Telehealth communications by providing written notification to Cheryl Bartky. My signature below indicates that I have read this Informed Consent and agree to its terms.

Your Signature: _____

Date: _____