



TELETHERAPY CONSENT FORM

Definition of Services:

I, _____, hereby consent to engage in teletherapy with Vanessa Laughter, Ph.D. Teletherapy is a form of psychological service provided via internet technology, which can include consultation, treatment, transfer of medical data, emails, telephone conversations and/or education using interactive audio, video, or data communications. I also understand that teletherapy involves the communication of my medical/mental health information, both orally and/or visually.

Teletherapy has the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted in person. However, due to the nature of the technology used, I understand that teletherapy may be experienced somewhat differently than face-to-face treatment sessions.

I, the client understand that I have the following **rights, potential benefits, risks and responsibilities** with respect to teletherapy:

1. I need to be a resident of California. (This is a legal requirement for psychologists practicing in this state under a CA license.) If I am temporarily in another state or country, I will inform Dr. Laughter of this change in advance so she can request permission with other states or countries to practice remotely via telehealth.
2. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
3. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are described in the general Consent Form I received at the start of my treatment with Dr. Vanessa Laughter.
4. I understand that dissemination of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without my written consent.
5. I understand that receiving services via teletherapy may have benefits that allow me to:
 - Receive services at times or in places where the service may not otherwise be available.
 - Receive services in a fashion that may be more convenient and less prone to delays than in-person meetings.
 - Receive services when I am unable to travel to Dr. Vanessa Laughter's office.
 - The unique characteristics of teletherapy media may also help some people make improved progress on treatment goals that may not have been otherwise achievable without telehealth, such as (for example), completing exposure therapy outside the office.



6. I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured. I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of Dr. Vanessa Laughter, my condition may not improve, and in some cases may even get worse.

7. 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 on the part of my psychologist, 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 agree that Dr. Vanessa Laughter will be held harmless from any and all consequences if any outside party gains access to our confidential conversations.

8. I understand Dr. Vanessa Laughter uses a HIPAA compliant video conferencing program called Doxy.me. She will provide steps to use this teletherapy if I choose to engage in this modality instead of face-to-face sessions.

9. There is a risk that services could be disrupted or distorted by unforeseen technical problems. Should technical problems occur using web-based services or if a session or call is disrupted, I will attempt calling Dr. Vanessa Laughter back within ten minutes. If reconnection cannot occur, the session will be rescheduled as soon as possible.

10. In addition, I understand that teletherapy based services and care may not be as complete as face-to-face services. I also understand that if my psychologist believes I would be better served by another form of therapeutic services (e.g. face-to-face services) I will be referred to a professional who may be able to provide such services in my area.

11. **I accept that teletherapy does not provide emergency services.** If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) for free 24-hour hotline support. Clients who are actively at risk of harm to self or others are not suitable for teletherapy services. If this is the case or becomes the case in future, Dr. Vanessa Laughter will recommend more appropriate services.

12. While using teletherapy, confidentiality should be treated just like an in office session, by using a private room or space where we will not be overheard or interrupted. I agree to inform Dr. Vanessa Laughter immediately, if any third party is present, whether in the room or remotely (e.g. over speaker phone, three-way calling, etc.). I am responsible for making sure that I am in a private area where I will not be overheard or interrupted. I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session. It is the responsibility of the psychological treatment provider to do the same on their end.



13. I agree never to audiotape or videotape or otherwise store content from our sessions, or to share such data with any third party without the knowledge and consent of Dr. Vanessa Laughter to such storage and/or sharing.

14. I understand that Dr. Vanessa Laughter uses e-mail and text messaging primarily for administrative and scheduling purposes. Please do not e-mail or text message Dr. Vanessa Laughter personal/clinical information or contact her in this manner in case of an emergency. If I would like to provide clinical updates, then I will contact her to schedule a time to discuss, or I will leave her a confidential voicemail at 619-363-1025.

15. I agree to be responsible for the professional service fees incurred using teletherapy. Professional fees for teletherapy sessions are the same as Dr. Vanessa Laughter's in-person session fees. I understand that teletherapy may not be reimbursed by insurance and it is my responsibility to contact the insurance company to inquire about reimbursement in advance, if I so choose.

I, the client, understand these limitations of conducting therapy through videoconferencing or teletherapy, and choose to participate in this modality of psychotherapy. I have read, understand and agree to the information provided above regarding teletherapy:

Signature of Client: _____ Date: _____
(or parent of a minor)

Signature of Client: _____ Date: _____
(if Client is a minor)