Sharmaine D. Barnes, LMFT
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Telehealth services link: https://vsee.com/s/59e6aa42c4f7a

Telehealth Informed Consent Form

I____hereby consent to engage in "telehealth" services with **Sharmaine D. Barnes, LMFT**

I understand that "telehealth" is the delivery of health care services, including mental health services, via telephone, internet, or other electronic means.
I understand that "telehealth" also involves the communication of my medical/mental health information, both orally and visually.

I understand that my psychotherapist, is licensed in the state of California, and as such, only provides telehealth services to clients physically located in the state of California.

I understand that I have the following rights with respect to telehealth services:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.

2. The laws that protect the confidentiality of my medical information also apply to telehealth. 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, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.

3. I understand that there are risks and consequences associated with telehealth services, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

4. In addition, I understand that telehealth psychotherapy services and care may not be as complete as face- to-face services. I also understand that if my psychotherapist 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 can provide such services in my area.

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

5. I accept that telehealth psychotherapy services do not include emergency services. Therefore, during our first session, Ms. Barnes and I will discuss an emergency response

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plan. 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.

6. I understand that I am responsible for:

(1) providing the necessary computer, telecommunications equipment and internet access for my telehealth psychotherapy 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 telehealth psychotherapy session.

7. I understand that while email may be used to communicate with Ms. Barnes, confidentiality of emails cannot be guaranteed.

8. I understand that I have a right to access my medical information and copies of medical records in accordance with HIPAA privacy rules and applicable California state law.

I have read, understand and agree to the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

___________________________________ _________________________
Client Signature Date

____
Client Printed Name