Rosemarie Calleros, Ph.D., MFT
Licensed Clinical Psychologist #PSY12881
Licensed Marriage, Family and Child Psychologist #MV18234
Phone: 949-916-8271

Tele-mental Health Informed Consent

I _____ (name of client)("**Client**", "**You**") hereby consent to participate in tele-mental health with **Dr. Rosemarie Calleros** ("**Practitioner**") as part of psychotherapy.

I understand that tele-mental health is the practice of delivering clinical health services via technology assisted media or other electronic means between a practitioner and a client who are located in two different locations. Client and Practitioner may also be referred to individually as a "**Party**" and collectively as the "**Parties**".

I understand the following with respect to tele-mental health:

1. I understand that I have the right to withdraw consent at any time without affecting my right to future care, services, or program benefits to which I would otherwise be entitled.

2. I understand there are several benefits to tele-mental health, including convenience for scheduling, location and potentially increased access to my Practitioner. I understand that I may benefit from tele-mental health services, but that results cannot be guaranteed or assured.

3. I understand that there are risks and consequences associated with tele-mental health, including but not limited to, disruption of transmission by technology failures, interruption and/or breaches of confidentially by unauthorized persons, and/or limited to respond to emergencies.

4. I understand that there will be no recording of any of the online session by either Party. All information disclosed within sessions and written records pertaining to those sessions are confidential and may not be disclosed to anyone without Client's written authorization, except where the disclosure is permitted and/or required by law.

5. I understand that the privacy laws that protect the confidentially of my protected health information ("**PHI**") also apply to tele-mental health unless an exception to confidentially applies. Exceptions include, but are not limited to, mandatory reporting of child, elder or vulnerable adult abuse, danger to self or others, and practitioner's raising mental/emotional health as an issue in a legal processing.

6. I understand that if I am having suicidal or homicidal thoughts, actively experiencing psychotic symptoms or experiencing a mental health crisis that cannot be resolved remotely, it may be determined by Practitioner that tele-mental health services are not appropriate, and a higher level of care is required.

Rosemarie Calleros, Ph.D., MFT
Licensed Clinical Psychologist #PSY12881
Licensed Marriage, Family and Child Psychologist #MV18234
Phone: 949-916-8271

7. I understand that I am responsible for: (a) providing the necessary computer, telecommunications equipment and internet access for my tele-mental health sessions, (b) ensuring security on my computer, and (c) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my tele-mental health session.

8. I understand that during a tele-mental health session, we could encounter technical difficulties resulting in services interruptions. If this occurs, end and restart the session. If we are unable to reconnect within ten minutes, please call me at **949-916-8271** to discuss since we may have to re-schedule.

9. I understand that my Practitioner may need to contact my emergency contact and/or appropriate authorities in case of an emergency.

10. I understand that I have a right to access my medical information and copies of medical records in accordance with California law.

Emergency Protocols

Your Practitioner needs to know your location in case of an emergency. You agree to inform your Practitioner of the address were you are at the beginning of each session. Your Practitioner also needs information of a contact person whom your Practitioner may contact on your behalf in case of a life-threatening emergency only. This emergency contact person will only be contacted to go to your location or take You to the hospital in the event of an emergency.

In case of an emergency, my location is:_____

My emergency contact person's name:_____

My emergency contract person's information is:_____

Phone:_____

Email:_____

Address:_____

[Signature Page to Follow]

Rosemarie Calleros, Ph.D., MFT
Licensed Clinical Psychologist #PSY12881
Licensed Marriage, Family and Child Psychologist #MV18234
Phone: 949-916-8271

I have read the information provided above and discussed it with my Practitioner. I understand the information contained in this form and all of my questions have been answered to my satisfaction.

_____

Signature of Client/Parent/Legal Guardian Date

_____

Signature of Practitioner Date