

Nick Vetter, LMFT

TELEHEALTH WRITTEN CONSENT FORM FOR PSYCHOTHERAPY

This document constitutes my written consent to obtain telehealth services from Nick Vetter, Licensed Marriage Family Therapist. A therapist located in Northridge CA. I understand that this is a mode of delivering health care services (psychotherapy) to facilitate the diagnosis, treatment, care management and self-management of my health while I am at an originating site and Nick Vetter is at a distant site. I understand that Nick Vetter and I will have synchronous interaction” meaning real time interaction via the use of the cell-phone/PC etc. I further understand that while Nick Vetter and I expect our communication to be secure and confidential Nick Vetter cannot insure with absolute certainty the security of such communication, (even though we will use a HIPPA compliant technology), and I am willing to accept this risk. We will also both agree not to record the session.

Since Nick Vetter is not physically present at my originating site, I further understand that if an emergency or life threatening situation were to arise I may not be able to reach Nick Vetter and in such circumstances and I agree that I will call 911 or go to the nearest emergency hospital room. I understand that this is another risk of telehealth therapy as defined in the California Business and professional code section 2290.6 updated 1/23/12 and this code requires Nick Vetter to have me read and agree and sign this document in order to receive telehealth.

All Patients/Clients Name (print) _____

Signature _____

Date _____