

Debra Kessler, Psy.D., R.N., M.N.

Specializing in children with emotional & developmental challenges

Clinical Psychologist, L.I.C. PSY 19100

(818) 248-6414

TELEHEALTH WRITTEN CONSENT FORM FOR PSYCHOTHERAPY

This document constitutes my written consent to obtain "telehealth" services from Dr. Kessler, a psychologist located in California. I understand that telehealth is a mode of delivering health care services (in this case, psychotherapy) to facilitate the diagnosis, treatment, care, management and self-management of my health while I am at an "originating site" (my home or office) and Dr. Kessler is at a "distant site" (her office in California).

I understand that Dr. Kessler and I will have "synchronous interaction" meaning real-time interaction via use of the internet or telephone. I further understand that while Dr. Kessler and I expect our communications to be secure and confidential Dr. Kessler cannot insure with absolute certainty the security of such internet or telephone communication and I am willing to accept this risk. Specifically in regard to telehealth sessions accomplished through internet services such as Skype, it is understood and agreed that Dr. Kessler is not an expert in electronic communications and does not know what Skype or other similar providers do with the data that is transmitted and that providers such as Skype do not inform users if a breach of security occurs.

Since Dr. Kessler is not physically present at or near my "originating site", I further understand that if an emergency or life-threatening situation were to arise I may not be able to reach Dr. Kessler in such circumstances and I therefore agree that I will, in such circumstances, call 911 or go to my nearest hospital emergency room. I understand that this is another of the risks involved in telehealth psychotherapy as defined in the California Business and Professions Code (Section 2290.5 as updated 1/23/12) and that Dr. Kessler requires me to agree to and sign this document in order to receive telehealth psychotherapy.

Patient's Name (printed) _____

Signature _____

Date _____

Phone: (818)248-6414

e-mail: dtkessler2008@yahoo.com

Fax: (818)790-6510