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## INFORMED CONSENT FOR TELEPSYCHOLOGY

This Informed Consent for Telepsychology ( also referred to as Telehealth, Telemental Health, etc) contains important information focusing on doing psychotherapy using the phone or the Internet. I understand that “telemedicine” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video or data communication. This form is an addendum to the general informed consent provided at the start of therapy with me. It is not a substitute.

California law has long recognized Telepsychology as a form of delivery of health care and behavioral health services which many psychotherapists are practicing in the state of Ca. and the U.S. In California, “Telehealth” is defined as a method to deliver health care services using information and communication technologies to facilitate the diagnosis, consultation, treatment, and care management while the patient and provider are at two different sites. This form of service is usually live videoconferencing through a personal computer with a webcam.

### **Benefits of Telepsychology**

Telepsychology, also know as Telemental Health and other names, refers to providing psychotherapy services remotely using telecommunications technologies, such as video conferencing or telephone. One of the benefits of telepsychology is that the client and clinician can engage in services without being in the same physical location. This can be helpful in ensuring continuity of care if the client or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. It is also more convenient and takes less time. Telepsychology, however, requires technical competence on both our parts to be helpful. I understand that I may benefit from telehealth, but that results cannot be guaranteed or assured.

### **Risks of Telepsychology**

- Risks to confidentiality. Because telepsychology sessions take place outside of the therapist’s private office, there is potential for other people to overhear sessions if you are not in a private place during the session. On my end I will take reasonable steps to ensure your privacy. But it is important for you to make sure you find a private place for our session where you will not be interrupted. It is also important for you to protect the

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privacy of our session on your cell phone or other device. You should participate in therapy only while in a room or area where other people are not present and cannot overhear the conversation.

- Issues related to technology. There are many ways that technology issues might impact telepsychology. For example, technology may stop working during a session, other people might be able to get access to our private conversation, or stored data could be accessed by unauthorized people or companies.
- Efficacy. Most research shows that telepsychology is about as effective as in-person psychotherapy. However, some therapists believe that something is lost by not being in the same room. For example, there is debate about a therapist's ability to fully understand non-verbal information when working remotely.
- Crisis management and intervention. As a general policy I usually will not engage in telepsychology with clients who are currently in a crisis situation requiring high levels of support and intervention. Before engaging in Telepsychology, we will develop an emergency response plan to address potential crisis situations that may arise during the course of our Telepsychology work. If you have an emergency, feel suicidal or homicidal please call 911.

### **Electronic Communications**

By Agreeing to Telepsychology you are agreeing to use the service of delivery that I use. If the method of delivery changes I will discuss it with you prior to making that change. I utilize HIPAA approved platforms and take reasonable measures to protect your confidentiality. You may have to have certain computer or cell phone systems to use Telepsychology services. You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in Telepsychology.

### **Confidentiality**

The laws that protect the confidentiality of your medical information also apply to Telepsychology. As such, the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult

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abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our Telepsychology. However, the nature of electronic communications technologies is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. I will try to use updated encryption methods, firewalls, and back-up systems to help keep your information private, but there is a risk that our electronic communications may be compromised, unsecured, or accessed by others. You should also take reasonable steps to ensure the security of our communications (for example, only using secure networks for Telepsychology sessions and having passwords to protect the device you use for Telepsychology).

### **Appropriateness of Telepsychology**

From time to time, we may schedule in-person sessions to “check-in” with one another. I will let you know if I decide that Telepsychology is no longer the most appropriate form of treatment for you. We will discuss options of engaging in in-person counseling or referrals to another professional in your location who can provide appropriate services.

### **Emergencies and Technology**

Assessing and evaluating threats and other emergencies can be more difficult when conducting Telepsychology than in traditional in-person therapy. To address some of these difficulties, please be aware of the emergency plan before engaging in Telepsychology services. Such as:

- I will ask you before each session for your name and location.
- In signing this agreement you agree that I will utilize the emergency contact you provided in the original Informed Consent signed at the start of therapy. You also agree to inform me if this contact has changed or if you prefer another emergency contact.
- If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call me back; instead, call 911, or the crisis resources provided above, or go to your nearest emergency room. Call me back after you have called or obtained emergency services.

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- If the session is interrupted and you are not having an emergency, disconnect from the session and I will wait two (2) minutes and then re-contact you via the Telepsychology platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, then call me on the phone number I provided you (XXX-XXX-XXXX).
- If there is a technological failure and we are unable to resume the connection, you will only be charged the prorated amount of actual session time.

You should also be aware of the following resources that are available in the local community to assist individuals who are in crisis.

- **HELPLine-24 Hour Crisis/Suicide Intervention.** The HELPLine is a free, confidential Crisis/Suicide Intervention service. Operated by highly trained volunteers, the line is open 24-hours a day, seven days a week. Phone: (951) 686-HELP (4357)
- **National Suicide Prevention Lifeline.** By calling 1-800-273-TALK (8255) you'll be connected to a skilled, trained counselor at a crisis center in your area, anytime 24/7. Phone: (800) 273-TALK (800-273-8255)  
Spanish line: (888) 628-9454  
TTY: (800) 799-4TTY (4889)
- **Veterans Crisis Line.**  
The Veterans Crisis Line is a Department of Veterans Affairs (VA) resource that connects Veterans in crisis or their families and friends with qualified, caring VA professionals. Confidential support is available 24 hours a day, 7 days a week.  
Phone: (800)-273-8255
- **The Trevor Lifeline.**  
National organization providing crisis and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) Youth  
866-4-U-TREVOR (866-488-7386)
- **Riverside University Health System Medical Center Emergency Treatment Services (ETS).** Provides psychiatric emergency services 24 hours a day, 7 days a week for all ages, which includes evaluation, crisis intervention, and referrals for psychiatric hospitalization, as needed for adults, children, and adolescents. Consumers may be referred to the Inpatient Treatment Facility (ITF) or other private hospitals.  
9990 County Farm Road, Ste. 4  
Riverside, CA 92503

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Phone: (951) 358-4881  
Se Habla Español

- Riverside area Rape Crisis Center  
24 hour crisis hotline 951-686-7273
- You may also contact your family physician or go to the nearest emergency room and ask for the psychologist or psychiatrist on call.

### **Fees**

The same fee rates will apply for Telepsychology as apply for in-person psychotherapy. However, insurance or other managed care providers may not cover sessions that are conducted via telecommunication. If your insurance, HMO, third-party payer, or other managed care provider does not cover electronic psychotherapy sessions, you will be solely responsible for the entire fee of the session. Please contact your insurance company prior to our engaging in Telepsychology sessions in order to determine whether these sessions will be covered.

### **Records**

The Telepsychology sessions shall not be recorded in any way unless agreed to in writing by mutual consent. I will maintain a record of our session in the same way I maintain records of in-person sessions in accordance with my policies.

### **Informed Consent**

This agreement is intended as a supplement to the general informed consent that we agreed to at the outset of our clinical work together and does not amend any of the terms of that agreement. You have the right to withhold or withdraw consent at any time without affecting your rights to care.

Your signature below indicates an understanding and agreement with its terms and conditions.

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Client/Guardian Signature

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Date

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Therapist Signature

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Date