

HART PSYCHOTHERAPY, INC.  
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Phone: (323) 325-5505

**TELEHEALTH WRITTEN CONSENT FORM FOR PSYCHOTHERAPY**

This document constitutes my written consent to obtain "telehealth" services from Morgan Hart, LCSW. 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 Morgan Hart, LCSW, is at a "distant site" (her home or office in Los Angeles, California).

I understand that Morgan Hart and I will have "synchronous interaction" meaning real-time interaction via use of the internet or telephone. I further understand that while Morgan Hart and I expect our communications to be secure and confidential. Morgan Hart 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 Zoom, it is understood and agreed that Morgan Hart is not an expert in electronic communications and does not know what Zoom or other similar providers do with the data that is transmitted and that providers such as Zoom do not inform users if a breach of security occurs.

Since Morgan Hart, LCSW 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 Morgan Hart. 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 Morgan Hart, LCSW requires me to agree to and sign this document in order to receive telehealth psychotherapy.

Patient's Name (printed) \_\_\_\_\_

Signature

\_\_\_\_\_

Date \_\_\_\_\_