

Flores Center for Family Counseling, Inc.
Maria Cruz Flores, Ph.D., MFT
(626) 622-3512

Informed Consent for Telehealth Services:

Client(s) Name: _____

DEFINITION OF TELEHEALTH: Telehealth Services, also referred to as virtual visits, involves the use of electronic communication, using interactive video and audio communication for psychotherapy. Duration of the sessions are 45 minutes, with additional sessions scheduled should a crisis arise.

I. CONFIDENTIALITY: Confidentiality with telehealth services is provided under the same laws as in-person (face-to-face) psychotherapy. Further security will be provided through Doxy.me @ <https://doxy.me/DrMariaFlores> with encrypted audio/video transmission software to deliver telehealth sessions. In addition, dissemination of any identifiable images or information from telehealth services shall not be provided without your written consent. In addition information can be breached, when legally permissible by law and/or deemed to be in the best interest of the client(s).

A. Legally permissible exceptions to confidentiality are:

- a. reasonable suspicion of child, elder or dependent adult abuse or neglect
- b. client(s) presents a serious danger to harm him/herself
- c. client(s) presents a serious danger of violence to another and/or the property of others
- d. pursuant to a lawfully issued subpoena by the legal entities

B. Telehealth services is a new component to psychotherapy, which is not fully validated by research and may include these potential risks:

- a. transmission of the session could be disrupted or distorted by technical failures
- b. transmission of personal information could be interrupted by unauthorized individual(s). But this site is a HIPAA-compliant telehealth software/platform.

Minors: When minors (under 18 years of age) are in psychotherapy, the parent(s) or guardian(s) holds the legal privilege regarding the release of any information.

Couples: Couples will both need to sign a Release of Information form, before any records can be released to a third party.

II. CANCELLATIONS: Dr. Flores requires at least 24 hours advance notice of cancellations for scheduled appointments. A session fee for private client(s) or copayment for insured client(s) will be charged for missed sessions, not cancelled 24 hours in advance. All cancellations for telehealth services can be communicated verbally or through text messaging to Dr. Maria Flores @ (626) 622-3512.

III. EMERGENCIES: In case of a life-threatening emergency, call 911. Any non-related emergency can be communicated via text messaging to the aforementioned number, with a response by Dr. Flores within a 24-hour period.

In the event of an emergency, please list one individual, who can be contacted on your behalf. The individual should be informed of your participation in psychotherapy:

Name	Relationship	City	Phone (area code)
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In the event that the above individuals is unavailable (within a 5 minute period) and you are unable to verbally request medical assistance, Dr. Flores reserves the right to contact medical services. You will be held financially responsible for medical services incurred, as a result of the emergency situation.

IV. PAYMENT FOR SERVICES: The fee for psychotherapy will be _____ per session by _____ (insurance company, if applicable). Payment or copayment services can be mailed to the above address on a monthly or bi-monthly basis. Other payment options, through various applications (APPS) are being considered.

V. ADDITIONAL BILLING-RELATED INFORMATION/POLICIES:

- A. The previously cited session fee does not include court appearances and/or other legal inquires. Such matters that require Dr. Flores's participation will be billed \$200.00 per hour (evaluation of the case, appearance in court, time spent commuting to-and-from the courthouse, etc.).
- B. Client(s) payment for services will be paid by check or other agreed upon financial remuneration. Should a check(s) be returned for "Non-Sufficient Fund" by the bank, an additional service fee of \$35 will be added to the session fee.
- C. Client(s) accounts may not accrue an unpaid balance of more than two sessions, with appointments ceasing, until the account is paid in full. A referral to another therapist will be provided upon request. **We reserve the right to submit past due accounts to a collection agency and/or pursue matters in a small claims court.**

VI. RECORDS:

- A. Minors (under age 18 years) engaged in telehealth services, the release of any information will be held by the parent(s) or guardian(s), who hold legal privilege for those records.
- B. Couples in telehealth services must both sign a Release of Information, before records can be released.
- C. Hardcopies (forms) will be kept in a secure area. Upon termination of telehealth services, disposal of records are 7 years for adults or when a minor reaches the age of 25 years.
- D. In the unexpected demise of Dr. Maria Flores, all records will be shredded by a bonded-shredding company by a designated Executor. No records will be retained or sent to the client(s).

VII. I HAVE READ AND FULLY ACCEPT THE CONDITIONS, AS STATED IN EACH OF THE PREVIOUSLY CITED SECTIONS OF THIS CLIENT(S) CONSENT AGREEMENT.

A.) Client's printed name and signature:

_____/_____
Print **Sign** **Date**

B.) Parent or guardian's printed name and signature (for a Minor-under age 18):

_____/_____
Print **Sign** **Date**

C.) Therapist's signature:

Date

_____ **Copy(ies) provided to the client(s)**