

Telehealth Consent | 2024

Client: _____ Date of First Session: _____

With initials and signature, confirm your addition of Telehealth to the "Informed Consent".

I select Telehealth using:	Initials:	
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Fee has has not changed. The fee is: _____

Verbal consent given by the client and is documented the treatment record.

I have reviewed the Notice of Privacy Practices

<https://www.drvicbloomberg.com/privacy-policy-terms-of-use>

Potential risks and limitations of receiving treatment via Telehealth are disclosed.

<https://www.psychologytoday.com/us/blog/open-gently/202006/should-you-try-virtual-therapy>

Client confirms residence in California, **OR** Per California Regulation §1815.5(e): The jurisdiction where the client lives permits a California LCSW to lawfully provide telehealth services in that jurisdiction, and verification is attached.

Appropriateness of Telehealth for this client has been assessed by LCSW by means of initial consultation prior to initiation of services. Client's actual location noted at time of each session.

The Telehealth Platform is confirmed to be HIPAA-compliant and is to be used for all private and confidential information. It provides secure, encrypted voice and video transmission and does not store any information. Telehealth does not record the session.

LCSW devices are protected by firewall and anti-virus software (Trend Micro Maximum Security). Client is advised to take similar precautions.

Risks include but are not limited to, loss of or degraded connection, and limited ability to respond to emergencies.

The use of text is limited to an alert such as: "item mailed", "next meeting", "meeting cancelled" in order to protect privacy and confidentiality.

_____ Client Signature and Date	_____ Victor Bloomberg, EdD, LCSW and Date
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Please sign, date and upload.

Client's verbal withdrawal of consent, date: _____