

Leslie Spero, LCSW | LCS#26473
lesliesperoschneiderlcsw@gmail.com



LeslieLCSW.com | 818.571.3894
5737 Kanan Rd., #504, Agoura Hills, CA 91301

Teletherapy Informed Consent

I, _____ (client, parent/guardian) hereby consent to engage in teletherapy (Psychotherapy via telephone or live video session) with Leslie Spero LCSW, License #LCW 26473. I understand that “teletherapy” includes consultation, treatment, and transfer of medical data, telephone conversations, and education using interactive audio, video, or data communication. I understand that teletherapy also involves the communication of my medical/mental information both verbally and/or orally.

I understand that the fee for teletherapy is the same as the fee for in-person therapy. My credit card information will be stored securely and will only be charged for missed sessions as previously discussed.

I understand the following with respect to teletherapy:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information discussed by me during the course of my therapy or consultation is generally confidential. However, there are mandatory and permissive exceptions to confidentiality which are discussed in detail in the Therapeutic Contract.
3. In addition, I understand that teletherapy-based services and care may not be a complete as face-to-face services. I also understand that if the therapist believes I

would be better served by another form of therapeutic services (e.g. face-to-face services), this will be discussed with me, and I may be referred to a professional who can provide such services in my area.

4. I accept that teletherapy does not provide emergency services. During our teletherapy session I will discuss an emergency response plan. If you as the client are experiencing an emergency situation, I understand that I can call 911, and proceed to the nearest hospital for help. If I'm having suicidal thoughts or making plans to harm myself then I can call the suicide prevention hotline at **988** 24 hours a day, or the crisis service team: Los Angeles County (800) 854-7772 or Ventura County (805) 652-6727. Both Northridge Hospital and UCLA have child, adolescent, and adult psychiatric units.

5. I understand that I am responsible for providing (1) the necessary computer, telecommunications equipment, and internet access for my teletherapy session, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for the session.

6. I understand that while email may be used to communicate with the therapist, the confidentiality of e-mail cannot be guaranteed.

7. I understand that I have the right to access my medical information and copies of my medical records in accordance with applicable state laws.

I have read, understand, and agree to the above-provided information.

Clients signature

Date

Therapist signature

Date

