

Terry Akhtarzad LMFT #103315
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(310) 804-6962
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I, _____, hereby consent to engage in teletherapy with Terry Akhtarzad LMFT #103315. Teletherapy is a form of psychological service provided via internet technology, which can include consultation, treatment, emails, telephone conversations and/or education using interactive audio, video, or data communications. I also understand that teletherapy involves the communication of my medical/mental health information, both orally and/or visually.

Teletherapy has the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted in person. However, due to the nature of the technology used, I understand that teletherapy may be experienced somewhat differently than face-to-face treatment sessions.

I understand that I have the following rights with respect to teletherapy:

Client's Rights, Risks, and Responsibilities:

1. I _____ need to be a resident of California. (This is a legal requirement for psychologists and psychotherapists practicing in this state under a CA license.)
2. I, _____ have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
3. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are described in the general Consent Form I received at the start of my treatment with Terry Akhtarzad LMFT.
4. I understand that there are risks and consequences of participating in teletherapy, including, but not limited to, the possibility, despite best efforts to ensure high encryption and secure technology on the part of my psychotherapist, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
5. There is a risk that services could be disrupted or distorted by unforeseen technical problems.
6. I _____ will make sure to be in a private place, not driving, without interruptions; and my therapist Terry Akhtarzad will adhere to the same expectation to ensure confidentiality

Client name:

DOB:

Signature:

Date

Therapist Name: Terry Akhtarzad

Signature: *terry Akhtarzad*