

## Telehealth Consent Form

Sonoma Family Therapy Inc.  
2230 Professional Drive Suite A  
Santa Rosa, CA 95403

### Consent for Telehealth Consultation

1. My therapist explained to me how the video conferencing technology that will be used will not be the same as a direct client/therapist visit due to the fact that I will not be in the same room as my therapist.
2. I understand that a telehealth consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
3. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my therapist or I can discontinue the telehealth visit if it is felt that video conferencing connections are not adequate for the situation.
4. I understand that I may reach my therapist by phone if there is trouble connecting via video and if I need to speak to my therapist in between sessions.

By signing this form, I acknowledge:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.
- Telehealth is NOT an Emergency Service and in the event of an emergency, I will use a phone to call 911.