

MICHAEL NAJERA, MA, LMFT
Licensed Marriage & Family Therapist
License #LMFT125376
1137 2nd Street, Suite 209,
Santa Monica, CA 90403

CONSENT FOR TELETHERAPY SERVICES

I, (Please print name) _____, hereafter referred to as "Client," agree to participate in teletherapy with Michael Najera, LMFT ("Therapist").

- I authorize information about my medical and mental health care to be transferred electronically through an interactive video connection between Client and Therapist.
- In order to protect my confidentiality, I understand I will be immediately informed if anyone other than Therapist becomes present during my teletherapy session.
- I understand that teletherapy is an evolving modality for therapy. As such, there may be potential risks that may not yet be recognized. Potential risks include: a) at times the video image may be unclear or inadequate; b) a disruption in the connection may occur; or c) in rare circumstances, the information may be intercepted by unauthorized persons.
- I understand that at any time I may decide to discontinue teletherapy sessions with Therapist. At my request, Therapist will either continue therapy with me in face-to-face sessions, or will try to refer me to a local mental health provider who can provide face-to-face services.
- I understand that, under the law, Therapist may be required to report to the authorities any information suggesting that I have engaged in behaviors that are dangerous to myself or others.
- Therapist has explained the risks and benefits of receiving teletherapy. I understand that I still may need to see a specialist in person if deemed necessary for my care.
- These are the names and phone numbers of my local emergency contacts:
Family member or friend: _____
Local hospital emergency room: _____
Local police station: _____
Psychiatrist (if applicable): _____

I voluntarily consent to participate in teletherapy services using videoconferencing technology for the care, treatment, and services deemed necessary and advisable under the terms set forth herein.

Client Signature

Date