



McNary Therapy, A Marriage & Family Practice, PC
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Informed Consent for Telehealth Services

McNary Therapy, A Marriage & Family Practice, PC, may provide therapy by telemedicine or telehealth. Telehealth is the practice of mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or electronic communications. Telehealth is beneficial to some clients because it allows you to participate in therapy from your own home or the location of your choosing, which provides greater flexibility and a decrease in travel time. McNary Therapy will review the risks and benefits of this form of therapy with you and determine whether telehealth is an appropriate therapy for you given all of your circumstances.

If telehealth is deemed appropriate, you have the following rights with respect to telehealth:

1. The laws that protect the confidentiality of your personal information also apply to telehealth. The information disclosed by you during the course of your sessions is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to, mandatory reporting of child, elder, and dependent adult abuse and when a client presents a serious danger of physical violence to another person or when a client is dangerous to him or herself. The dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without your written consent.
2. You have the right to withhold or withdraw consent to the use of telehealth in the course of your care at any time, without affecting your right to future care or treatment.
3. There are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the therapist, that the transmission of your personal information could be disrupted or distorted by technical failures, the transmission of your personal information could be

interrupted by unauthorized persons, and/or the electronic storage of your personal information could be unintentionally lost or accessed by unauthorized persons. Further, when conducting therapy over telehealth, the ability of both the therapist and the patient to assess non-verbal clues, body language and facial expressions may be limited. Finally, telehealth may not be the most effective form of treatment for certain individuals or presenting problems.

4. If your therapist believes you would be better served by another form of intervention (e.g., face-to-face services), you may be directed to attend in person sessions or be referred to another mental health professional. Moreover, despite your efforts and the efforts of your therapist, your condition may not improve, and in some cases may even get worse. No results can be guaranteed or assured.

5. Certain situations, including emergencies and crises, are inappropriate for audio-video-computer-based therapy services. If you are in crisis or in an emergency, you should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in your immediate area.

Patient Consent to the Use of Telehealth:

I have read and understand the information provided above regarding telehealth, have discussed it with my therapist, and all of my questions have been answered to my satisfaction. I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained. By executing this document, I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein.

Signature of client(s): _____

Date signed: _____