

Betsy Bates Freed, PsyD
2400 Bath Street, Suite 202
Santa Barbara, California 93105
(805) 979-3440 (Office phone)
(805) 259-5247 (Text only)
betsy@drbatesfreed.com

TELETHERAPY CONSENT FORM

I, _____, hereby consent to engage in teletherapy with Dr. Betsy Bates Freed, Psy.D. Teletherapy is a form of psychological service provided via internet or telephone technology, which can include consultation, treatment, emails, telephone conversations and/or education using interactive audio, video, or data communications. 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.

1. I must be a resident of California (required by California law)
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.
4. I understand that there are risks and consequences of participating in teletherapy, including, sessions disrupted or distorted by technical failures; transmission of my information interrupted by unauthorized persons; and/or access of electronic storage of my medical information by unauthorized persons. (Thera-Link is a HIPAA compliant, secure platform, but errors can occur.)
5. I understand that teletherapy based services and care may not be as complete as face-to-face services. If Dr. Bates Freed believes I would be better served by another form of therapy, she will work, if possible, to provide referrals to a provider who can provide face-to-face services.
6. I accept that teletherapy does not provide emergency services. If I am experiencing an emergency, I understand that I can call 911 or proceed to the nearest hospital emergency room for help. If I am having suicidal thoughts or making plans to harm myself, I can call the free 24-hour National Suicide Prevention Lifeline at 1.800.273.TALK (8255).
7. I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy. I am responsible for providing the necessary computer/phone, telecommunications equipment and internet access for my teletherapy sessions, and arranging a well-lit, private location where I will not be interrupted. I may need to make sure extra charges will not be applied to my phone/internet bill. It is the responsibility of Dr. Betsy Bates Freed to do the same on her end.

I have read, understand and agree to the information provided above regarding telehealth:

Patient's Signature: _____ Date _____

Therapist's Signature: _____ Date _____