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## **Informed Consent for Teletherapy**

This informed consent for teletherapy contains important information related to psychotherapy using the phone or internet. Please read this carefully and let me know if you have any questions. When you sign this document, it will represent an agreement between us.

**BENEFITS AND RISKS OF TELETHERAPY:** Teletherapy refers to providing psychotherapy services using telecommunications such as video conferencing or telephone. Benefits of teletherapy include convenience and that the client and clinician can engage in services without being in the same physical location. Teletherapy, however, requires technical competence on both our parts to be helpful. Although there are benefits of tele psychology, there are some differences between in-person psychotherapy and tele psychology as well as some risks. for example:

**RISKS TO CONFIDENTIALITY:** Because teletherapy sessions take place outside of my private office, there is a potential for other people to overhear sessions if you are not in a private place during the session. I do take reasonable steps to ensure your privacy, including working with a HIPPA compliant online platform, and ensuring privacy in my office space. It is important that you find a private place for our sessions where you will not be interrupted or overheard, and other people are not present. It is also important to protect your privacy on your cell phone other online device.

**ISSUES RELATED TO TECHNOLOGY:** There are many ways that technology issues might impact our sessions. For example, technology may stop working during a session, WIFI connection may be poor, and others might be able to obtain access to our private conversations. The online platform that I use to conduct teletherapy uses state of the art secure and encryption protocols to maintain privacy and is HIPPA compliant.

**ELECTRONIC COMMUNICATIONS:** For communication between sessions, I only use email and text messaging with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges and text messages with my office should be limited to administrative matters. This includes things like setting and changing appointments. Therefore, I will not discuss any clinical information by email or text and prefer that you do not either. In an emergency, please do not email or text given my inability to respond immediately. I do return calls within 24 hours during the week.

**CONFIDENTIALITY:** I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our sessions. However, the nature of electronic communications is such that I cannot guarantee that our communications will be kept confidential or that other people may not gain access to our communications. You should take reasonable steps to ensure the security of our communications, such as device passwords and use of secure networks when meeting for teletherapy sessions. The extent of confidentiality and exceptions to confidentiality that I outlined in my *Policies and General Information Consent form* still apply in teletherapy. Please let me know if you have any questions about exceptions to confidentiality.

**RECORDS:** The teletherapy sessions shall not be recorded in anyway unless agreed upon in writing. I will maintain a written record of our session in accordance with my policies.

Please sign, date and return the final page of this document.

**INFORMED CONSENT:** This agreement is intended as a supplement to the general informed consent and does not amend any of the terms of that agreement. Your signature below indicates agreement with its terms and conditions.

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Client

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Date