

1. I understand that Alena Hutchinson (the "Provider"), **Licensed Marriage and Family Therapist (MFC 33069)**, has offered to provide telehealth consultation by telephone or by a secure, online videoconferencing platform, and I authorize us to meet in that way. I am aware there may be additional charges from my internet provider.
2. I understand the risks and benefits of the provision of services through telehealth, including the fact that
 - a. It will not be the same as an in-person session, since I will not be in the same room and some cues, such as body language, etc., may be lost.
 - b. There are risks with the technology – including technical failures, unauthorized access and confidentiality breaches, and interruptions – that cannot be predicted.
 - c. The benefits may include easier access to care, continuity of care and convenience of meeting.
 - d. The Provider is available to answer any further questions I have about the risks and benefits.
3. I understand and agree that the session will not be audio or video recorded by either of us at any time, and that we will both disable computer and device-generated recording to the best of our abilities. Any recording or screen shots may result in termination of the client-therapist relationship.
4. I understand that it is important to connect from a quiet room, with no interruptions, where my privacy is guaranteed.
5. I understand that the limitations to confidentiality outlined in our original consent to treatment apply in the telehealth format, as do all the other provisions of the original consent.
6. My consent to participate in this service shall remain in effect as long as I am in therapy with Provider unless revoked or modified by me in writing.

I confirm that I have read and fully understand the above.

Name (please print): _____

Signature: _____

Date: _____

alena hutchinson

Signed by alena hutchinson on 03/27/2020, 12:04 PM (PDT) with IP address 73.158.161.5