

Telehealth counseling release 2020-2021 for Mike Fatula, MS, Licensed Marriage & Family Therapist

Currently, I use ZOOM 1:1 for telehealth video counseling because it is HIPAA compliant for the protection of confidentiality. You download this app for free from your app store and enter your email address. You request to have me as a contact using my email address: MIKEF8450@AOL.COM. If you wish, we can schedule a brief test with check-in chat before the first telehealth appointment.

I will send you a zoom invitation before 10:30pm the night before your appointment. At the start of your appointment, I will ask you for your location, identification, and if you can see and hear me clearly. No session can be recorded in any way (video or audio) by either client or therapist without prior written permission. You should be **inside**, in a quiet, **confidential setting**, so that neither you nor I can be seen or heard by anyone except ourselves. **You should not be at a workplace or using a work computer, phone, or other workplace device**, as confidentiality can be compromised. Also, I ask that you not be eating a meal or driving a car. **You must be in the state of California to do telehealth counseling with me.** If you are in another state, the therapist in California must be licensed in both that state and California. I am licensed only in California.

This release is signed written consent for the use of telehealth counseling as an acceptable mode of delivering psychotherapy services. The appropriateness/suitability of this mode of treatment to meet your needs will be evaluated at each session. CAMFT (California Association of Marriage & Family Therapists) Code of Ethics Section 1.4.2 requires the therapist rendering telehealth services to "inform patients of the potential risks, consequences, and benefits, including but not limited to, issues of confidentiality, clinical limitations, transmission difficulties, and ability to respond to emergencies." *

Client Signature: _____

Client Printed Name: _____

Today's Date: _____ This release can be amended by both parties anytime & is valid up to two years from signing.

Client **current personal (not work) telephone#**, for calls and text messages _____

Client current **personal (not work) email address:** _____

Check if you give permission for me to **email** you _____. **text** you _____, and **call** you _____. _____.

Therapist's tel#'s: **323-422-9433 business cell. 323-876-8861 business landline.** Fax# is 323-876-8941.

Therapist (license# 15257) signature/date_____

Therapist's addresses include the following: **Mailing** is 1049 Havenhurst Dr., #18, LA CA 90046

Office: 12402 Ventura Blvd., 2nd Floor, Studio City CA 91604. (**email:** MIKEF8450@AOL.COM)

- If you cannot reach me directly when you are experiencing a **psychological emergency**, go to the nearest emergency room, call 911, or call LA Crisis Line at 877-727-4747.