Jo Christner, Psy.D.
Clinical Psychologist (Psy15532)

TELEHEALTH WRITTEN CONSENT FORM FOR PSYCHOTHERAPY

This document constitutes my written consent to obtain "telehealth" services from Dr. Jo Christner, a psychologist located in Los Angeles, California. I understand that telehealth is a mode of delivering health care services (in this case, psychotherapy) to facilitate the diagnosis, treatment, care, management and self-management of my health while I am at an "originating site" (my home or office) and Dr. Christner is at a "distant site" (her home office or business office in Los Angeles, California).

I understand that Dr. Christner and I will have "synchronous interaction" meaning real-time interaction via use of the internet or telephone. I further understand that while Dr. Christner and I expect our communications to be secure and confidential Dr. Christner cannot insure with absolute certainty the security of such internet or telephone communication and I am willing to accept this risk. Specifically, in regard to telehealth sessions accomplished through internet services such as Zoom, it is understood and agreed that Dr. Christner is not an expert in electronic communications and cannot guarantee what Zoom or other similar providers do with the data that is transmitted. Dr. Christner has a more secure purchased business account, not a free account with Zoom.

Since Dr. Christner is not physically present at or near my "originating site", I further understand that if an emergency or life-threatening situation were to arise I may not be able to reach Dr. Christner in such circumstances and I therefore agree that I will, in such circumstances, call 911 or go to my nearest hospital emergency room. I understand that this is another of the risks involved in telehealth psychotherapy as defined in the California Business and Professions Code (Section 2290.5 as updated 1/23/12) and that Dr. Christner requires me to agree to and sign this document in order to receive telehealth psychotherapy.

Patient's Name (printed) ____

Signature ___________________________________Date____________

Jo Christner, Psy.D.________________________________Date____________

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