

Jerry G. Soucy, Ph.D.  
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Huntington Beach, CA 92647  
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## TELETHERAPY CONSENT FORM

Telehealth allows Dr. Jerry G. Soucy to diagnose, consult, treat and educate using interactive audio, video or data communication regarding my treatment. I hereby consent to participating via telephone or the internet (hereinafter referred to as Teletherapy) with Dr. Soucy.

I understand I have the following rights under this agreement:

I have a right to confidentiality with teletherapy under the same laws that protect the confidentiality of my medical information for in-person psychotherapy. Any information disclosed by me during the course of my therapy, therefore, is generally confidential.

There are, by law, exceptions to confidentiality, including mandatory reporting of child, elder, and dependent adult abuse and any threats of violence I may make towards a reasonably identifiable person. I also understand that if I am in such mental or emotional condition to be a danger to myself or others, Dr. Soucy has the right to break confidentiality to prevent the threatened danger. Further, I understand that the dissemination of any personally identifiable images or information from the teletherapy interaction to any other entities shall not occur without my written consent.

I understand that while psychotherapeutic treatment of all kinds has been found to be effective in treating a wide range of mental disorders, personal and relational issues, there is no guarantee that all treatments of all clients will be effective. Thus, I understand that while I may benefit from Teletherapy, results cannot be guaranteed or assured.

I further understand that there are risks unique and specific to Teletherapy, including but not limited to, the possibility that our therapy sessions or other communication by Dr. Soucy to others regarding my treatment could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons. In addition, I understand that Teletherapy treatment is different from in-person therapy and that if Dr. Soucy believes I would be better served by in-person therapy I will be referred to a therapist in my geographic area that can provide such services.

I have read and understand the information provided above. I have the right to discuss any of this information with Dr. Soucy and to have any questions I may have regarding my treatment answered to my satisfaction.

I understand that I can withdraw my consent to Teletherapy by providing written notification to Dr. Soucy. My signature below indicates that I have read this consent form and agree to its terms.

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Client's Signature

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Date