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## **Telehealth Informed Consent Form**

*Please read the following, fill in emergency contact names and numbers, and sign. If you have any questions, please let Dr. Laura Struhl know, and she will be happy to answer them.*

- Dr. Struhl has explained how Telehealth sessions (psychotherapy delivered via secure internet technology and/or telephone) are performed and how they will be used for my treatment. I understand that engaging in Telehealth sessions will not be the same as in-person sessions because we will not be in the same room. Some information Dr. Struhl would ordinarily obtain during a face-to-face session may not be available in a Telehealth session. I understand that such missing information could, in some situations, make it more difficult for her to understand my problems and to help me get better. I understand that I may benefit from Telehealth sessions, but results cannot be guaranteed or assured. I understand that potential risks and benefits are associated with any form of psychotherapy. Despite my efforts and the efforts of Dr. Struhl, my condition may not improve and, in some cases, may even worsen.
- I understand that it is a legal requirement that I reside in California, as Dr. Struhl is licensed as a psychologist solely in the state of California.
- I understand that potential risks of Telehealth sessions include interruptions, unauthorized interception, and technical difficulties. While Zoom (Pro version) is a HIPAA-compliant video platform, no electronic transmission system is considered 100% safe from intrusion. I understand that I am responsible for information security on my computer, laptop, tablet, or smartphone.
- I understand that Dr. Struhl or I can discontinue a Telehealth session if it is felt that the videoconferencing connections are not adequate for the situation. In the event of technical difficulties, we will use the phone to continue the session or reschedule it.
- I understand that the same confidentiality protections, limits to confidentiality and rules regarding my records apply to Telehealth sessions as they would apply to in-person sessions. These are outlined in the Informed Consent document discussed and signed at the beginning of treatment and can be found at [www.LauraStruhl.com](http://www.LauraStruhl.com) in the Forms section of the website.
- I understand that neither of us will record the session without permission from the other person(s). If I decide to change this agreement, I will inform Dr. Struhl ahead of time.
- I understand that I should be in a quiet place, free from distraction or intrusion, like a room with a door that closes or in a parked car. I will not engage in other activities during sessions (e.g., cooking, cleaning, eating, driving). I will not attend sessions while under the influence of alcohol or other substances. Also, I understand that it is essential to use a secure internet connection rather than public/free Wi-Fi.
- I understand that I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- I understand that if Dr. Struhl believes I would be better served by another form of intervention (e.g., face-to-face services), I may be referred to a professional who can provide in-person sessions in my area.

- I understand that certain situations, including emergencies and crises, are inappropriate for Telehealth services. If I am in crisis or in an emergency, I understand that I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in my immediate area. If I am having suicidal thoughts or making plans to harm myself, I understand I can call the National Suicide Prevention Lifeline at 1(800) 273-TALK (8255) or the Crisis and Access Line at (888) 724-7240 for free 24-hour hotline support. I understand that clients actively at risk of harming themselves or others are not suitable for Telehealth services. If this is the case or becomes the case for me in the future, Dr. Struhl will recommend more appropriate services.

- I understand that it is necessary to have a safety plan that includes two emergency contacts and the closest ER to my location in an emergency. These names and telephone numbers are below:

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Name (Please Print)	Telephone Number
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Name (Please Print)	Telephone Number
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Name of Closest Emergency Room	Address
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Additionally, I understand that in the case of emergency, Dr. Struhl will either contact the parties above or any other community resources she deems appropriate. In these cases, she will communicate the minimal necessary information in her judgment to maintain my safety and welfare.

**Patient Consent to the Use of Telehealth**

I unconditionally release and discharge my provider, Dr. Laura Struhl, from any liability in connection with my participation in the Telehealth sessions. I have read this document carefully, have discussed it with Dr. Struhl, and all my questions have been answered to my satisfaction. I fully understand the benefits and risks. With this knowledge, I voluntarily consent to participate in the Telehealth sessions, including but not limited to any care, treatment, and services deemed necessary and advisable, under the terms described herein.

X \_\_\_\_\_  
**Printed Name**

X \_\_\_\_\_  
**Signature of Client** **Date**