

Davis Affordable Professional Counseling

Dezaree Finch, Master of Science in Marriage, Family, and Child Counseling
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AGREEMENT FOR TELEHEALTH SERVICES

1. I understand my Therapist invites me to engage in telehealth counseling services.
2. My Therapist explained to me how the telehealth session will not be the same as direct client/Therapist sessions since I will not be in the same room as the Therapist.
3. I understand that a telehealth session has potential benefits including easier access to care and the convenience of meeting from a location of my choosing.
4. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. I understand that my Therapist or I can discontinue the telehealth session if it is felt that the telehealth connections are not adequate for the situation.
5. I understand that it is not appropriate to be messaging or using other applications during our meeting. If this does come up, Therapist will suggest that we discontinue doing telehealth and wait to meet in person when we can.
6. I understand that I need to pay my Therapist either by:

Zelle-dezareecounsels@dezareefinch.com, 530-848-1561 (this payment method is preferred)

Venmo-@Dezaree-Finch

CashApp-\$DezareeFinch

Paypal-dezareecounsels@dezareefinch.com

Health Savings Accounts-if paying by a Health Savings Account Debit Card, you will need to provide me your account information to set-up automatic invoicing through Square Up

7. I understand that if I am doing couple's counseling with my partner in a different location, Therapist will not start the Zoom session without my partner present. Therapist will instead mute and turn off their video until both of us are present.
8. By signing this document, I acknowledge:
 - Telehealth is NOT an emergency service and in the event of an emergency, I will use a phone to call 911.
 - I do not assume that my Therapist has access to any or all the technical information regarding telehealth, or that this information is current or accurate.
 - To maintain confidentiality, I will not share my telehealth appointment number with anyone unauthorized to attend my appointment.
 - I have read this form and/or had this form explained to me.
 - I fully understand this form's content including the risks and benefits of my participation in telehealth and procedures.
 - I have been given ample opportunity to ask questions and any questions have been answered to my satisfaction.

By signing this document, I am agreeing that I have read, understood, and agree to the items contained in this document.

Patient's Name (please print) _____
Signature of Patient (or authorized representative) _____
Date _____

Patient's Name (please print) _____
Signature of Patient (or authorized representative) _____
Date _____