

Catherine Beckett, LCSW, PhD

3325 NE Wasco St.  
Portland, OR 97232

503-319-8998  
drcatb@gmail.com

**TELEHEALTH INFORMED CONSENT**

Telehealth allows my therapist to conduct therapy sessions (e.g. diagnose, consult, treat and/or educate) using interactive audio and video communication. I hereby consent to participating in psychotherapy via internet platform (hereinafter referred to as Telehealth) with Catherine Beckett, LCSW, PhD. I understand I have the following rights under this agreement:

I have a right to confidentiality with Telehealth under the same laws that protect my confidentiality for in-person psychotherapy. Therefore, any information disclosed by me during the course of my therapy is **confidential, with limited exceptions**. These include 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 a mental or emotional condition presenting a danger to myself or others, my therapist has the right to break confidentiality to prevent the threatened danger. Any other release of confidential information requires 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, specific outcomes are not guaranteed.

I further understand that there are risks unique and specific to treatment via Telehealth, including but not limited to:

- Our therapy sessions or other communication by my therapist to others regarding my treatment could be disrupted or distorted by technical failures;
- Our sessions could be interrupted or accessed by unauthorized persons, even on the secure, HIPAA-compliant platforms utilized by Dr. Beckett.

In addition, I understand that Telehealth treatment is different from in-person therapy and presents both advantages and drawbacks; if Dr. Beckett believes I would be better served by another form of psychotherapeutic service, she will communicate this information.

I have read and understand the information provided above. I have the right to discuss any of this information with Dr. Beckett, and to have any questions answered to my satisfaction.

I understand that I can withdraw my consent to Telehealth sessions at any time by providing written notification to Dr. Beckett. My signature below indicates that I have read this notice and agree to its terms.

\_\_\_\_\_  
Client or Legal Representative

\_\_\_\_\_  
Date