

**Sandra Amador Mora, MFT
2308 Sixth St.
Berkeley, CA 94710
510-496-3473
MFT / MFC 39821**

Policies and Consent

Psychotherapy can have benefits and risks. Since therapy often involves discussing unpleasant aspects of your life, you may experience uncomfortable feelings. Making changes in your beliefs or behaviors can be scary, and sometimes disruptive to the relationships you already have. You may find your relationship with me to be a source of strong feelings, some of them painful at times. On the other hand, psychotherapy has also been shown to have benefits for people who go through it. Therapy often leads to better relationships, solutions to specific problems, and significant reductions in feelings of distress.

Following you will find important information about my psychotherapy practice. I invite you to read this document carefully and entirely, and to let me know if you have any questions.

Confidentiality

You have the right to the confidentiality of your therapy. I will need your written permission to speak about you with anyone, including other health care providers. The following are the instances in which I can disclose information about you without your permission:

- **If I believe that you are in imminent danger of harming yourself, I can share this information in an effort to keep you safe.**
- **If I have good reason to believe that a child or vulnerable adult is being harmed, or at risk of being harmed, I will need to inform the authorities.**
- **If I have good reason to believe that you will harm another person, I must attempt to inform that person must also contact the police.**
- **If a judge requests your records.**

The records that I keep of our meetings are maintained in a secure location that cannot be accessed by anyone else.

Fees

Payments can be made via check, cash or PayPal and are due the day of your scheduled appointment, unless otherwise agreed upon. If you are paying a reduced fee due to financial constraints, you are responsible for letting me know of any change in your financial situation, that would make it possible for you to increase the fee you pay.

Emergency phone calls of less than ten minutes are free. However, if we spend more than 10 minutes in a week on the phone, I will charge you on a prorated basis.

Cancellations and Time off

You can miss three sessions per year without having to pay for the missed sessions. You are responsible for payment any other time, unless we are able to schedule your session during the week the cancelation occurred. I am away from the office between four and six weeks per year and will tell you at least two weeks in advance of any anticipated absences. I will give you the contact information of the therapist who will be available to you during the time I am away.

Emergency situations and Phone Contact

If you experience an emergency during a time I can not be reached and you are a resident of Alameda County, please call the Crisis Support Services Line at 1-800-309-2131. If you believe that you cannot keep yourself safe, please call 911, or go to the nearest hospital emergency room for assistance. Please also leave me a message at 510-496-3473 and I will call you back as soon as I can.

I have read this statement and have asked all questions to make an informed decision. My signature indicates that I agree to abide by its terms during our professional relationship.

Name:

Signature:

Date:

TELETHERAPY CONSENT FORM
(REQUIRED IN THE EVENT TELEHEALTH IS NECESSARY)

Definition of Services:

I, _____, hereby consent to engage in teletherapy with Sandra Amador Mora, MFT. Teletherapy is a form of psychological service provided via internet technology, which can include consultation, treatment, transfer of medical data, emails, telephone conversations and/or education using interactive audio, video, or data communications. I also understand that teletherapy involves the communication of my medical/mental health information, both orally and/or visually.

Teletherapy has the same purpose or intention as psychotherapy or psychological treatment sessions that are conducted in person. However, due to the nature of the technology used, I understand that teletherapy may be experienced somewhat differently than face-to-face treatment sessions.

I understand that I have the following rights with respect to teletherapy:

Patient's Rights, Risks, and Responsibilities:

1. I, the patient, need to be a resident of California. (This is a legal requirement for psychologists practicing in this state under a CA license.)
 2. I, the patient, have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
 3. The laws that protect the confidentiality of my medical information also apply to teletherapy. As such, I understand that the information disclosed by me during the course of my therapy or consultation is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, which are described in the general Consent Form I received at the start of my treatment with my psychotherapist.
 4. I understand that there are risks and consequences of participating in teletherapy, including, but not limited to, the possibility, despite best efforts to ensure high encryption and secure technology on the part of my psychologist, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
 5. There is a risk that services could be disrupted or distorted by unforeseen technical problems.
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6. In addition, I understand that teletherapy based services and care may not be as complete as face-to-face services. I also understand that if my psychologist believes I would be better served by another form of therapeutic services (e.g. face-to-face services) I will be referred to a professional who can provide such services in my area.

7. I understand that I may benefit from teletherapy, but that results cannot be guaranteed or assured. I understand that there are potential risks and benefits associated with any form of psychotherapy.

8. I accept and understand that teletherapy does not provide emergency services. If I am experiencing an emergency situation, I understand that I can call 911 or proceed to the nearest hospital emergency room for help (National Suicide Prevention Lifeline: 1-800 273-TALK (8255) for free 24 hour hotline support). Patients who are actively at risk of harm to self or others are not suitable for teletherapy services. If this is the case or becomes the case in the future, my psychotherapist will recommend appropriate services.

9. I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in teletherapy. I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my teletherapy sessions, and (2) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my teletherapy session. It is the responsibility of the psychological treatment provider to do the same on their end.

10. I understand that dissemination of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without my written consent.

I have read, understand and agree to the information provided above regarding telehealth:

Client's Signature: _____ Date _____

Second Client's Signature (for couples) _____ Date _____
