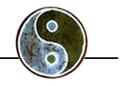
1Les Downes, M.A., MFT 48178 415.689.6979 healing@mylesdownes.com http://mylesdownes.com



Telehealth Agreement

This agreement verifies that you are consenting to video/phone therapy. The risks, including less access to facial expression and body language, potential loss of emotional connection, technical issues, and a possible lack of knowledge of local referrals/resources on the therapist's part, have been reviewed.

Please observe the following recommendations so that confidentiality can be ensured:

- Before the session begins, put any smart phones or other devices in airplane mode or power them down • completely, so that there will be a reduced chance of them transmitting audio to anyone or any place else.
- Similarly, if you have Alexa, Google Home, Smart TV, or any other comparable voice-activated "smart • device," mute your devices before holding telehealth sessions.
- Please close doors and ask other people with whom you live to give you complete privacy. •
- It is important to use a secure internet connection rather than public/free WiFi, as public WiFi generally • is not secure.

It is also important clinically to be in a quiet, private space that is free from distractions during the session (including cell phone or other devices, except for any used for the purpose of video/phone chat), so that we may focus more fully on the work.

In the event of technical problems we need a back-up plan of a phone number where you can be reached to restart the session or to reschedule it.

Your therapist will not record the session without your permission.

If you have any concerns or prefer not to do video sessions at any point please let your therapist know.

Your therapist may make the clinical assessment at any time that due to certain circumstances teletherapy is no longer appropriate and that we will need to resume our sessions in-person.

Client Signature	Date
Client Signature	Date
Client Signature	Date
Psychotherapist Signature	Date