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### **Telehealth Consent**

As you are aware, the current recommendations and mandates for COVID-19 are to shelter in place for the foreseeable future. All of my meetings have been moved to a video platform for now. While federal laws have been relaxed in terms of health information confidentiality, I am committed to providing you with options that adhere to the highest level of confidentiality and the privacy standards that predate this pandemic.

I am using a confidential video platform called Doxy.me. I will be sending you email invitations for each of our meetings until further notice. If there are any technical issues, I will have my phone near me. We can move the session to Facetime or phone if need be. Please be aware that neither of those are guaranteed to be confidential.

I am using a payment option called Ivy Pay. I will be billing you through this company. I will use your phone number to bill. This is for credit and debit cards. If you wish to pay with a check, my mailing address is PO Box 711111, San Diego, CA. 92171.

As we venture into this new territory, I would like to ask that you, if possible, find a place in your home that provides both privacy as well as comfort. If you are concerned about privacy, you might consider using your car for our session. You can also play music or use a white noise app outside of your room. Please let me know during the call of any limitations to your privacy.

If you are unsure about working remotely, I am open to scheduling a half session. Thank you for your flexibility and adaptation as we are all navigating this together and being creative. I am happy to answer any questions or talk through any concerns you may have.

**Authorization for Telehealth Services:** I have read the information above and I have had an opportunity to ask questions about anything I have not understood. I freely acknowledge my willingness to participate in Telehealth therapy with Loretta Lowery, LCSW. I agree to pay for all services and I understand that I can postpone or end treatment at any time.

Signature\_\_\_\_\_ . Date\_\_\_\_\_

Phone \_\_\_\_\_