

LESLIE ELLEN RAY, MS, LMFT

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NAME: (first and last)

MAILING ADDRESS:

PARTY RESPONSIBLE FOR PAYMENT: (Name and address)

HOME TEL:

EMAIL ADDRESS:

ACADEMIC PROGRAM OR CURRENT OCCUPATION:

DATE OF BIRTH:

SSN:

REFERRED BY:

May we thank them?

I understand that there will be a full charge for appointments cancelled in **less than 24 hours**.

I understand that my sessions are held in confidence with the exception of disclosures of child abuse or harm to myself or someone else.

I understand that fees will be paid at the end of each session unless otherwise determined.

** I have read the additional information provided in this intake re: tele-health sessions and accept all potential risks, the handling of confidentiality and clinical limitations as listed/discussed.

Signature: _____

Date: _____

****Tele-health disclosures:**

California Association of Marriage and Family Therapists (CAMFT) 2011 Code of Ethics:
<http://www.camft.org/ias/images/PDFs/CodeOfEthics.pdf>

1.4.1 ELECTRONIC THERAPY: When patients are not physically present (e.g., therapy by telephone or Internet) during the provision of therapy, marriage and family therapists take extra precautions to meet their responsibilities to patients. Prior to utilizing electronic therapy, marriage and family therapists consider the appropriateness and suitability of this therapeutic modality to the patient's needs. When therapy occurs by electronic means, marriage and family therapists inform patients of the potential risks, consequences, and benefits, including but not limited to, issues of confidentiality, clinical limitations, transmission difficulties, and ability to respond to emergencies. Marriage and family therapists ensure that such therapy complies with the informed consent requirements of the California Telemedicine Act.

I understand that Leslie Ellen Ray has a current and valid Marriage and Family Therapy license in California. I have received full disclosure of fees and payment agreements. I understand the methods to be used to ensure the confidentiality of my communication with Leslie Ellen Ray. I have discussed the risks, limitations and benefits as well as my own questions regarding receiving therapy via the Internet and I am making an informed choice about the therapy to be provided prior to the start of the work,

According to Business and Professions Code Section 2290.5, prior to the delivery of health care via telemedicine, the health care practitioner who has ultimate authority over the care or primary diagnosis of the patient shall obtain verbal and written informed consent from the patient or the patient's legal representative. The informed consent procedure shall ensure that at least all of the following information is given to the patient or the patient's legal representative verbally and in writing:

(1) The patient or the patient's legal representative retains the option to withhold or withdraw consent at any time without affecting the right to future care or treatment nor risking the loss or withdrawal of any program benefits to which the patient or the patient's legal representative would otherwise be entitled.

(2) A description of the potential risks, consequences, and benefits of telemedicine.

(3) All existing confidentiality protections apply.

(4) All existing laws regarding patient access to medical information and copies of medical records apply.

(5) Dissemination of any patient identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without the consent of the patient. This law requires that the patient or the patient representative signs a written statement prior to the delivery of health care via telemedicine, indicating that the patient or the patient's legal representative understands the written information provided in 1 through 5 above and that this information has been discussed with the health care practitioner or his/her designee.

(e) This section shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

(f) All laws regarding the confidentiality of health care information and a patient's rights to his or her medical information shall apply to tele-health interactions.

In the unlikely event of an emergency situation, the client or client's legal representative will seek immediate medical attention in their local region, either via the urgent care system, hospitalization or calling local emergency numbers or the police for immediate assistance.

Signature: _____

Date: _____