



Maryellen Dabal
M A L M F T

TELEHEALTH CONSENT FORM

I agree to connect with Maryellen Dabal, MA, LMFT through Doxyme.com telehealth counseling services and understand that all precautions are being taken within means to preserve the confidentiality of the sessions to which I participate in.

I confirm that I am not suffering from any of the following conditions which are not appropriate for telehealth counseling: Homicidal thoughts, Suicidal thoughts, Delusional tendencies, or other conditions previously discussed with Maryellen Dabal, MA, LMFT.

The local police emergency number (**not 911**) , should I need assistance during the session is _____

My personal emergency contact, should I need assistance during the session is _____ . And their telephone number is _____.

I give Maryellen Dabal, MA, LMFT permission to contact emergency services or my emergency contact, should she feel it is needed.

I understand that I will pay the same fee that I pay as if I was doing in-person counseling, unless insurance dictates otherwise.

I confirm that I am a resident of the state of Texas and have provided proof in the way of a _____ to show such residency. I also confirm that I am participating in the session while I am in the state of Texas.

Should there be technical difficulty during the video session, I agree to continue the session via telephone at the following number_____. I understand that the agreed upon fee will be collected, regardless of the method of contact (video or telephone).

I understand that if Maryellen Dabal, MA, LMFT concludes that another form of counseling is needed to replace telehealth counseling, I will follow her request to seek face-to-face counseling with her if possible or another provider.

I have read the website explanations titled **Welcome Letter/Confidentiality/Informed Consent/ Office Policies**. I fully understand the contents of the forms, including the nature of treatment, the alternatives to this treatment, the limits of confidentiality in this relationship, and the circumstances in which confidential communications may need to be breached.

Date

Signature of Client

Date

Signature of Client