

Colleen Russell, LMFT, CGP
Licensed Marriage and Family Therapist (MFC29249)
Certified Group Psychotherapist (41715)
Educational Consultant/Coaching
Marin County, San Francisco Bay Area, California
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415-785-3513

Telecommunication/Telehealth Informed Consent

I/We _____; _____ hereby consent to engage in secure online individual, couple, or family psychotherapy, educational/coaching consultant sessions, specialized educational workshops and specified groups (Motherless Daughters, Women Older & Wiser) with Colleen Russell, LMFT, CGP.

Colleen Russell is an experienced psychotherapist, licensed in good standing in California since 1992. In addition to psychotherapy she also provides psychoeducational or coaching consultations and psychoeducational workshops outside the psychotherapist-client relationship in a specific area of expertise.

The secure online format we are using, Zoom, is HIPAA-Compliant.

I agree to the following while engaged in consultations using telecommunication (Zoom or phone):

- (1) Professional ethics including confidentiality from Colleen Russell regarding anything I state during the consultation except in cases in which she is mandated to report child, elder, or dependent elder abuse, a person who is at serious risk of hurting himself or someone else specifically. For couple or family, Colleen Russell has a “no secrets” policy in that she will not withhold information one member may tell her separately from the other if she feels such information is vital to the well-being, safety, and goals of the unit and all concerned in the couple or family therapy. She reserves the right to terminate the professional relationship if the withheld information interferes with the stated goals and progress of professional services.
- (2) I understand that I may benefit from the online psychotherapy, educational/coaching sessions, groups or workshops but results cannot be guaranteed or assured. The benefits may include but are not limited to: working with a specialist who has training, experience, and expertise in an area in which I am seeking help, finding a group or workshop that meets my needs, avoidance of transportation and travel difficulties; minimization of time and money constraints.
- (3) I understand that there are risks and consequences from telecommunication. These may include, but are not limited to, the possibility, despite reasonable efforts on the part of the consultant and the protection provided within Zoom or phone that the transmission of information could be disrupted or distorted by technical failures.
- (4) I understand that telecommunication-based services may not yield the same results nor be as complete as in-person sessions. I also understand that if Colleen Russell believes I would be better served by another psychotherapist or consultant, she will advise me and attempt to find referrals with knowledge and experience in my area who can provide such service.

- (5) I understand that there are potential risks and benefits associated with psychotherapy, educational/coaching consultations and in workshops or groups Colleen Russell facilitates. Despite the best efforts of Colleen Russell I may not receive the help I expected.
- (6) I agree to pay a fee of \$195.00 for a 50-minute therapy session or consultation; workshop fee is \$50 per session, group fee is \$50 per session for Women Older and Wiser group and \$70 per session for Motherless Daughters group. I have been informed of these fees. After receiving the Zoom link on the morning of the scheduled individual session, I will submit payment via PayPal on Colleen Russell's website or Zelle directly from my bank account to hers, the latter is referred with no middle fee.
- (7) If I need to reschedule an individual, family, or couple session, I will provide Colleen Russell at least 24 hours' notice or I will generally be expected to pay for the time she reserved for me. With some exceptions such as illness or other emergencies fees are waived.
- (8) I understand that at any time I can terminate my therapist-client or educational consultant relationship with Colleen Russell and she can terminate it also if, in her professional judgment, she believes that she cannot serve the needs of the client(s). This can include the following issues that are outside her area of expertise, beyond her scope of practice, the client not making progress in her/his goals and the client's failure to make payments in a timely manner. One or more termination sessions are requested to review the course of treatment and to acknowledge gains that may have been made.

I have carefully read and understand the information provided above on the 2 pages in this document.

Name _____ Date _____

(Printed)

Signature: _____

Name _____ Date _____

(Printed)

Signature: _____