Ildiko Tabori, PhD

Psychologist

CA PSY19688

Informed Consent Addendum for Online Therapy

I understand that therapy conducted online is technical in nature and that problems may occasionally occur with internet connectivity. Difficulties with hardware, software, equipment, and/or services supplied by a third party may result in service interruptions. Any problems with internet availability or connectivity are outside the control of Dr. Ildiko Tabori and The Office of Dr. Ildiko Tabori and the office makes no guarantee that such services will be available or work as expected. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, I agree to call Dr. Ildiko Tabori back at: **(310) 429-5968.**

I AGREE TO TAKE FULL RESPONSIBILITY FOR THE SECURITY OF ANY COMMUNICATIONS OR TREATMENT ON MY OWN COMPUTER AND IN MY OWN PHYSICAL LOCATION. I understand I am solely responsible for maintaining the strict confidentiality of my user ID and password and not allow another person to use my user ID to access the Services. I also understand that I am responsible for using this technology in a secure and private location so that others cannot hear my conversation.

I understand that there will be no recording of any of the online session and that all information disclosed within sessions and the written records pertaining to those sessions are confidential and may not be revealed to anyone without my written permission, except where disclosure is required by law.

Consent to Treatment

I, _____, voluntarily agree to receive online therapy services for an evaluation, consultation, treatment, continued care, or other services and authorize Dr. Ildiko Tabori and The Office of Dr. Ildiko Tabori to provide such care, treatment, or services as are considered necessary and advisable. I understand and agree that I will participate in the planning of my care, treatment, or services and that I may withdraw consent for such care, treatment, or services that I receive through Dr. Ildiko Tabori and The Office of Dr. Ildiko Tabori at any time. By signing this Informed Consent, I, the undersigned patient, acknowledge that I have both read and understood all the terms and information contained herein. Ample opportunity has been offered to me to ask questions and seek clarification of anything unclear to me.

I have read all of the above terms carefully, understand them, and agree to them.

Signature: _____ Date: _____

Name (please print): _____