PACIFIC COAST BEHAVIORAL HEALTH

A Psychological Corporation MARIE A. KING, PH.D.

CLINICAL PSYCHOLOGY

NEUROPSYCHOLOGY

PSYCHOANALYSIS

12121 WLSHIRE BOULEVARD, SUITE 810 LOS ANGELES, CA 90025

CONSENT TO TELEMENTAL HEALTH

Client Name		Date of Birth	
my mental health care prov but I agree to locate mysel designated conjoint or fami	elemental health remote psychotheral ider. I understand that I will not be in If in a private setting without other Ily sessions, in order to maintain the ony therapist is utilizing a HIPPA compli	the same room as my therapis individuals present, except fo confidentiality of a live therapy	
	ay be potential risks to the telemen nd that a session may be discontir		
All items on the Service Agr	eement apply.		
Client Name	Client Signature	Date	
If client is under 18:			
Guardian Name	Guardian Signature	Date	
Relationship to Client			

SIGN IN AND PAYMENT INSTRUCTIONS

Dear Client:

We will be utilizing video sessions remotely using <u>doxy.me</u> which is user friendly and HIPPA compliant.

At your exact scheduled appointment time, log in on your telephone to:

doxy.me/drmarieking

If you are using your computer, Chrome or Mozilla Firefox are best.

Once you are signed in and enable the camera, it will ring to my virtual waiting room. I will then start the session.

If you have any questions, please contact the office at 310-371-0197. I will check for a message there if I do not see you within 15 minutes.

Please let us know in advance if you will not be able to keep your session.

Co-pays can be sent via:

Venmo to: Marie-King-32

Or via: Zelle to: mkingphd@aol.com

Thank you,

Marie King, Ph.D.