



TELEMEDICINE INFORMED CONSENT FORM

By signing this consent form, I agree to be counseled using telemedicine. I understand that “telemedicine” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I understand that telemedicine also involves the communication of medical/mental information, both orally and visually, to health care practitioners located in California or outside of California.

CLIENT FEES:

I agree to pay _____ for a 50-minute for telemedicine session, or _____ for a longer a 90 minute session.

I agree to pay \$25 late cancellation fee for any session not canceled **24 hours in advance**. I understand these fees must be paid prior to the next scheduled session.

RIGHTS:

I understand that I have the following rights with respect to telemedicine:

- 1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
- 2) The laws that protect the confidentiality of my medical information also apply to telemedicine. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.

I also understand that the dissemination of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without my written consent.

- 3) I understand that there are risks and consequences from telemedicine, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be

