Telemedicine Informed Consent Form

I	_[name of patient] hereby consent to engaging in
consultation, treatment, transfer of medical da communications. I understand that telemedicin	[name of psychotherapist] as part of my e" includes the practice of health care delivery, diagnosis, ata, and education using interactive audio, video, or data he also involves the communication of my medical/mental lth care practitioners located in California or outside of
I understand that I have the following rights with	th respect to telemedicine:
` /	nsent at any time without affecting my right to future care l of any program benefits to which I would otherwise be
such, I understand that the information disclo confidential. However, there are both mandato but not limited to reporting child, elder, and de	f my medical information also apply to telemedicine. As sed by me during the course of my therapy is generally ry and permissive exceptions to confidentiality, including, pendent adult abuse; expressed threats of violence towards mental or emotional state an issue in a legal proceeding.
	by personally identifiable images or information from the entities shall not occur without my written consent.
possibility, despite reasonable efforts on the medical information could be disrupted or distort	dences from telemedicine, including, but not limited to, the part of my psychotherapist, that: the transmission of my orted by technical failures; the transmission of my medical zed persons; and/or the electronic storage of my medical persons.
services. I also understand that if my psychother psychotherapeutic services (e.g. face-to-face s provide such services in my area. Finally, 1	ed services and care may not be as complete as face-to-face crapist believes I would be better served by another form of services) I will be referred to a psychotherapist who can I understand that there are potential risks and benefits r, and that despite my efforts and the efforts of my ove, and in some cases may even get worse.
(4) I understand that I may benefit from telement	dicine, but that results cannot be guaranteed or assured.
(5) I understand that I have a right to access my medical information and copies of medical records in accordance with California law.	
I have read and understand the information pro and all of my questions have been answered to	ovided above. I have discussed it with my psychotherapist, my satisfaction.
Signature of patient/parent/guardian/conservator	If signed by other than patient indicate relationship
Date	Signature of psychotheranist