Telemedicine Informed Consent Form

I[na	me of patient] hereby consent to engaging in
consultation, treatment, transfer of medical data, as communications. I understand that telemedicine also	[name of psychotherapist] as part of my cludes the practice of health care delivery, diagnosis, and education using interactive audio, video, or data to involves the communication of my medical/mental are practitioners located in California or outside of
I understand that I have the following rights with respectively.	pect to telemedicine:
	at any time without affecting my right to future care any program benefits to which I would otherwise be
such, I understand that the information disclosed be confidential. However, there are both mandatory and	medical information also apply to telemedicine. As by me during the course of my therapy is generally d permissive exceptions to confidentiality, including, ent adult abuse; expressed threats of violence towards I or emotional state an issue in a legal proceeding.
I also understand that the dissemination of any per telemedicine interaction to researchers or other entiti	rsonally identifiable images or information from the es 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 interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.	
services. I also understand that if my psychotherapist psychotherapeutic services (e.g. face-to-face service provide such services in my area. Finally, I und	vices and care may not be as complete as face-to-face to believes I would be better served by another form of es) I will be referred to a psychotherapist who can derstand that there are potential risks and benefits I that despite my efforts and the efforts of my and in some cases may even get worse.
(4) I understand that I may benefit from telemedicine, but that results cannot be guaranteed or assured.	
(5) I understand that I have a right to access my maccordance with California law.	nedical information and copies of medical records in
I have read and understand the information provided and all of my questions have been answered to my sa	I above. I have discussed it with my psychotherapist, atisfaction.
Signature of patient/parent/guardian/conservator	If signed by other than patient indicate relationship
Date	Signature of psychotherapist