

TELEMEDICINE INFORMED CONSENT

I, _____, hereby consent to engaging in telemedicine (e.g. internet or telephone therapy) with Ann Behringer, LCSW, as part of my psychotherapy treatment. I understand that telemedicine includes the practice of mental health care delivery, diagnosis, consultation, treatment, transfer of medical data and education using interactive audio, video or data communication, which included the Internet.

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

- 1) I have the right to withhold or withdraw consent for treatment any time without affecting my right to future care or treatment.
- 2) The laws that protect the confidentiality of my medical information also apply to telemedicine. The information disclosed by me during the course of my treatment 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.
- 3) I understand there are risks and consequences from telemedicine. Despite reasonable efforts on the part of my psychotherapist, the transmission of my medical information could be disrupted or distorted by technical failures and/or interruption by unauthorized persons.
- 4) I understand telemedicine based on services and care may not yield the same result nor be as complete as face-to-face service. If my therapist believes I would be better served by another form of psychotherapeutic service I will be referred to a psychotherapist in my area.
- 5) I understand that there potential risks and benefits associated with any form of psychotherapy and that despite my efforts and the efforts of my psychotherapist, my condition may not improve and in some cases may get worse.
- 6) I understand 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 provided above, which has been explained to me verbally. I have discussed the above consent with my psychotherapist and all my questions have been answered satisfactorily.

Signature of patient

Date

Signature of Ann Behringer, LCSW

Date