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Telehealth Informed Consent Form

California law has long recognized telehealth as a form of delivery of health care and behavioral health services which many psychotherapists are practicing in the State of California and throughout the United States.

In California, "Telehealth" is generally described as a method to deliver health care services using information and communication technologies to facilitate the diagnosis, consultation, treatment, and care management while the patient and provider are at two different locations. This form of service is usually via live videoconferencing through a personal computer with a webcam, or by telephone.

It is important to be on time. If you need to cancel or change your appointment, you must notify the psychotherapist in advance by phone or email. It is also important to be in a quiet, private space that is free of distractions during the session.

I_____[name of client] hereby consent to engaging in telehealth with _____[name of psychotherapist] as part of my psychotherapy. I understand that "telemedicine or telehealth" 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 telehealth may also involve the communication of my medical/psychological information, both orally and visually, to health care practitioners located in California.

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

I have the right to withhold or withdraw consent to the telehealth process at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any benefits to which I would otherwise be entitled, such as in-person psychotherapy.

The laws that protect the confidentiality of my medical information also apply to telehealth. 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, which may include, but are not limited to, reporting child, elder, or dependent adult abuse; expressed threats of violence towards an ascertainable victim; and, when I make my mental or emotional state an issue in a legal proceeding.

Client Initials_____

I understand there are risks and may be consequences from telehealth, 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, hacked, intercepted or otherwise accessed by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

In addition, I understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic services (e.g., in-person services), I will be referred to a psychotherapist who can provide such services in my area.

Finally, I understand there are potential risks and benefits associated with any form of psychotherapy. Despite my efforts and the efforts of my psychotherapist, I understand my condition may improve, get worse, remain the same, or that I may feel worse before I feel better.

I understand that if I have an emergency, or feel suicidal or homicidal, I should immediately:

1. **Call 911; and/or**
2. **Go to the nearest Hospital Emergency Room; and/or**
3. **Call the Suicide Hotline (800) 273-8255.**

I have read and understand the information provided above. I have discussed it with my psychotherapist, and all of my questions have been answered to my satisfaction.

I understand that I may benefit from telemedicine, but that results cannot be guaranteed or assured.

I understand that I have a right to access my medical information and copies of medical records in accordance with California law.

Signature of client_____ Date _____

Emergency Contact for Client _____

Signature of Psychotherapist_____Date _____