



Psychological Health, Wellness, & Development, Inc.

CONSENT TO PARTICIPATE IN TELEMEDICINE

PURPOSE: The purpose of this form is to obtain your consent for telemedicine psychotherapeutic service with your psychotherapist at PHWD, Inc. The reason for telemedicine at this time is to provide ongoing therapeutic service during unforeseen emergency situations (e.g., medical pandemic, natural disasters, significant illness or injury that renders the client unable to attend a face-to-face session) or due to an arrangement made between you and your psychotherapist because of unforeseen circumstances that result in an inability to engage in face-to-face therapy. The first appointment must be in person, consent for services reviewed and payment determined prior to using telemedicine. ***Unless otherwise agreed upon, this telemedicine service is finite and will end once the emergency situation or unforeseen circumstance is over, determined by PHWD, Inc. and based on the recommendation of government and health authorities.***

NATURE OF TELEMEDICINE PSYCHOTHERAPY: Telemedicine involves the use of audio, video or other electronic communications to interact with you, consult with your healthcare provider and/or review your medical information for the purpose of diagnosis, therapy, follow-up and/or education. During your telemedicine service, details of your medical history and personal health information will be discussed through the use of interactive video, audio and telecommunications technology.

RISKS, BENEFITS AND ALTERNATIVES: The benefits of telemedicine include having access to psychotherapeutic services without having to travel outside of your home. A potential risk of telemedicine is that because of your specific medical condition, or due to technical problems, a face-to-face consultation still may be necessary after the telemedicine appointment. Additionally, in rare circumstances, security protocols could fail causing a breach of patient privacy. The alternative to telemedicine is a face-to-face visit with a psychotherapist. ***To be determined by PHWD, Inc.: If there is a greater risk of safety to the client receiving telemedicine due to abuse, self harm, suicidal ideation or homicidal ideation, it is the discretion of the therapist whether to permit telemedicine or to require face-to-face or a higher level of care.***

MEDICAL INFORMATION AND RECORDS: All HIPAA laws concerning patient access to medical records and copies of medical records apply to telemedicine. All consent to release information will be agreed upon and appropriate forms will be signed. Please see **Consent for Treatment and Office Policies** for more detailed information.

CONFIDENTIALITY: All existing confidentiality protections under federal and California law apply to information used or disclosed during your telemedicine session. Please see **Consent for Treatment and Office Policies** for more detailed information.

RIGHTS: You may withhold or withdraw your consent to telemedicine at any time before and/or during the session without affecting your right to future care or treatment within the capacity of PHWD, Inc.'s availability.

Printed Name of Client: _____

Signature of Client: _____

Date: _____

Signature of Guardian: _____

Date: _____

Relationship to Client: _____

Therapist Signature: _____

Date: _____