

Glenda Beach, LMFT, PA

Telemedicine Informed Consent Form

I _____ (name of patient) hereby consent to engaging in telemedicine with Glenda Beach, LMFT, PA as part of my psychotherapy. I understand that “telemedicine” includes the practice of healthcare delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I understand that telemedicine also involves the communication of my medical/mental information, both orally and visually, to health care practitioners.

I have the right to withhold or withdraw consent at any time without affecting my rights to future care or treatment.

The laws that protect the confidentiality of my medical information also apply to telemedicine. 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, included 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.

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.

In addition, I understand that telemedicine-based services and care may not be as complete as face-to-face services. I also understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic services (e.g. face to face) I will make an appointment for such services with my therapist. I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of my therapist, my condition may not be improved, and in some cases get worse.

Finally, I understand that I may benefit from telemedicine, but that results cannot be guaranteed or assured. I have read and understand the information provided above. I have discussed it with my psychotherapist, and all my questions have been answered to my satisfaction.

Signature of patient/parent/guardian

Relationship if not patient

Date

Therapist
