Institute Of Modern Recovery

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CONSENT TO PARTICIPATE IN TELETHERAPY CONSULTATION

1. PURPOSE. The purpose of this form is to obtain your consent for a Teletherapy consultation with Creston Davis, LMFT. The purpose of this consultation *is to assist in the diagnosis or treatment of behavioral health conditions.*

2. NATURE OF TELEMEDICINE CONSULTATION. Teletherapy involves the use of audio, video or other electronic communications to interact with you, consult with your mental health provider and/or review *your medical information* for the purpose of diagnosis, therapy, follow-up and/or education. During your Teletherapy consultation, details of your medical history and personal health information may be discussed with other health professionals through the use of interactive video, audio and telecommunications technology.

3. RISKS, BENEFITS AND ALTERNATIVES. The benefits of Teletherapy include having access to medical specialists and additional medical information and education without having to travel outside of your local health care community. A potential risk of telemedicine is that because of your specific medical condition, or due to technical problems, a face-to-face consultation may still be needed. Given the nature of Teletherapy there may be situations in which emergencies arise and emergency personnel will need to be activated to provide support. Additionally, in rare circumstances, security protocols could fail causing a breach of patient privacy. The alternative to telemedicine consultation is a face-to-face visit with a physician.

4. MEDICAL INFORMATION AND RECORDS. All laws concerning patient access to medical records and copies of medical records apply to Teletherapy. Dissemination of any patient identifiable images or information from the Teletherapy consultation to researchers or other entities shall not occur without your consent.

5. CONFIDENTIALITY. All existing confidentiality protections under federal and California law apply to information used or disclosed during your telemedicine consultation.

6. RIGHTS. You may withhold or withdraw your consent to a Teletherapy consultation at any time before and/or during the consult without affecting your right to future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

I have reviewed the above information and provider has discussed with me the information provided. I have had an opportunity to ask questions about this information and all of my questions have been answered. I have read and agreed to a telemedicine consultation.

_____ _____
Signature of Patient or Patient's Representative Date signed

_____
Relationship of Representative to Patient

_____
Signature of Witness (required if patient unable to sign) or Minor Patient

☐ **Opt Out-** I refuse to participate in a telemedicine consultation as described above.

Signature: _____ Date:_____