



Telehealth Disclosure

Telemedicine Informed Consent

I _____ hereby consent to engage in telemedicine (e.g., internet, email or telephone based therapy) with Dr. Rina Norris for psychotherapy treatment. I understand that telemedicine includes the practice of health care delivery, including mental health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications. I understand that telemedicine also involves the communication of my medical/mental health information, both orally and visually, to other health care practitioners with my written consent.

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

(1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment or risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.

(2) 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 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. (See also Office Policies form, provided to me, for more details of confidentiality and other issues.)

(3) I understand that there are risks and consequences from telemedicine. These may include, but are 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 by unauthorized persons; the electronic storage of my medical information could be accessed by unauthorized persons; and/or misunderstandings can more easily occur, especially when care is delivered in an asynchronous manner. If the session is interrupted and you are not having an emergency, disconnect from the session and Dr. Norris will wait two (2) minutes and then re-contact you via the telehealth platform on which we agreed to conduct therapy. If you do not receive a call back within two (2) minutes, then call Dr. Norris at (916)467-7018.

In addition, I understand that telemedicine-based services and care may not yield the same results nor be as complete as face-to-face service. I also understand that if my psychotherapist believes I would be better served by another form of psychotherapeutic service (e.g. face-to-face service), I will be referred to a psychotherapist in my area who can provide such service. Finally, 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 psychotherapist, my condition may not improve and in some cases may even get worse.

(4) I understand that I may benefit from telemedicine, but results cannot be guaranteed or assured. The benefits of telemedicine may include, but are not limited to: finding a greater ability to express thoughts and emotions; transportation and travel difficulties are avoided; time constraints are minimized; and there may be a greater opportunity to prepare in advance for therapy sessions.

(5) I understand that I have the right to access my medical information and copies of medical records in accordance with California law, that these services may not be covered by insurance, and that, if there is intentional misrepresentation, therapy will be terminated.

Electronic Communications: For communication between sessions, Dr. Norris only uses email communication and text messaging with your permission and only for administrative purposes unless we have made another agreement. This means that email exchanges and text messages should be limited to administrative matters. This includes things like setting and changing appointments, billing matters, and other related issues. You should be aware that Dr. Norris cannot guarantee the confidentiality of any information communicated by email or text. Therefore, Dr. Norris will not discuss any clinical information by email or text and prefer that you do not either. Also, there is no guarantee that Dr. Norris can regularly check her email or texts, nor does she respond immediately, so these methods should not be used if there is an emergency.

Emergency: If the session is interrupted for any reason, such as the technological connection fails, and you are having an emergency, do not call Dr. Norris back; instead, call 911 or go to your nearest emergency room. Call Dr. Norris back after you have called or obtained emergency services.

Treatment is most effective when clinical discussions occur at your regularly scheduled sessions. But if an urgent issue arises, you should feel free to attempt to reach Dr. Norris by phone. She will try to return your call within 24 hours except on weekends and holidays. If you are unable to reach her and feel that you cannot wait for her to return your call, contact your family physician or the nearest emergency room and ask for the psychologist or psychiatrist

on call. If Dr. Norris will be unavailable for an extended time, she will provide you with the name of a colleague to contact in her absence if necessary.

Records: The telehealth sessions shall not be recorded in any way unless agreed to in writing by mutual consent. Dr. Norris will maintain a record of the session in the same way she maintains records of in-person sessions in accordance with her policies.

Telehealth Requirements:

- You need to use a webcam or smartphone during the session.
- It is important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session.
- It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be on time. If you need to cancel or change your tele-appointment, you must notify Dr. Norris in advance by phone, text, or email.
- Please close all open programs.
- Please use earphones to ensure confidentiality and enhance sound quality.

I have read and understand the information provided above, which has also been explained to me verbally. I have discussed it with my psychotherapist and all of my questions have been answered to my satisfaction.

Emergency contact name and phone number: _____

Local emergency personnel (e.g., police, nearest hospital) name and phone number: _____

Name _____ Date _____

Signature: _____