

Telehealth Link attestation

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

(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 benefits to which I would otherwise be entitled.

(2) 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, 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.

(3) I understand that there are risks and 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 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. face-to-face services) I will be referred to a psychotherapist who can provide such services in my area, or as may be available with my current psychotherapist.

(4) There is a risk that services could be disrupted or distorted by unforeseen technical problems. In the event of a technology problem interrupting therapy session, I will cooperate with my psychotherapist to resolve any connection issues and resume the therapy session.

(5) I understand that there is a risk of being overheard by anyone near me if I am not in a private room while participating in telehealth. I am responsible for

(a) providing the necessary computer, telecommunications equipment and internet access for my telehealth sessions, and

(b) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my telehealth session. It is the responsibility of the psychotherapist to do the same on their end.

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.

I accept that telehealth does not provide emergency services. Further, I understand and agree that if I believe I am experiencing an emergency, feel suicidal or homicidal I agree to immediately:

1. Call 911

2. Go to the nearest Hospital Emergency Room

Anaheim Global Medical Center (714) 254-0590

College Hospital (949) 642-2734, with other hospitals in Cerritos and Long Beach

College Hospital 24 hour Crisis Line (800) 773-8001

Placentia Linda Hospital ER (714) 993-2000

Or the nearest hospital to my place of residence

3. Call 24 HOUR OC Health Care Agency Behavioral Health Crisis Assessment Team (866-830-6011

4. Call the OC Suicide Hotline (877) 727-4747

(6) I understand that I may benefit from telehealth, but that results cannot be guaranteed or assured.

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

(8) I understand that dissemination of any personally identifiable images or information from the telehealth interaction to researchers or other entities shall not occur without my written consent.

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