Telemedicine Informed Consent Form

I _____ hereby consent to engaging in telemedicine with Maaya Ota, M.A., LMFT, as part of my psychotherapy. I understand that "telemedicine" includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio (such as phone), audio-video (such as Doxy, Skype, Zoom, Facetime, Telehealth), or data communications (such as email and texting). I understand that telemedicine also involves the communication of my medical/mental information, both orally and visually, to health care practitioners located in California or outside of California. 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, nor 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/mental information also apply to telemedicine. I am aware of, and agreed with these laws; as described in the "Informed Consent Form" which I signed. I also understand that the dissemination of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without my written consent.

3) 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; 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.

4) 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 of my questions have been answered to my satisfaction.

_____ _____

Name of Client (Print) Date

_____ _____

Signature of Client Date

_____ _____

When required: □ Parent, □ Guardian, □ Conservator Date

_____ _____

Maaya Ota, LMFT, (MFC 52809) Date