

Lisa B. Campbell, Ph.D.

PSY 21962

Consent for Telemedicine

I hereby consent to psychotherapy via telemental health. I understand that receiving my treatment via telemental health involves interactive audio, video, or data communications. I understand that telemental health services will only be provided inside the state of California.

I understand the following with respect to telemedicine:

- 1) I have the right to withdraw from telemedicine and opt for in-person services at any time.
- 2) Laws that protect confidentiality also apply to telemental health. Thus, the information you share is generally considered to be confidential with the following exceptions: in case of suspected child, dependent adult, or elder abuse/neglect; intention or plan to harm self or others; and in the event that medical records are subpoenaed as part of a legal proceeding.
- 3) I understand that as with all types of psychotherapy, participation in telemental health there are inherent risks. Despite reasonable efforts, my treatment could be disrupted by technical issues or my privacy could be compromised.
- 4) I may find that I would be better served by a different treatment modality (i.e face-to face treatment).

I understand that if I engage in telemental health I will be required to pay in advance via credit card. I agree to provide payment information and have the negotiated charges applied to the provided card.

I have read and understand the information provided above.

Client _____ Date _____

Parent/legal guardian (if applicable) _____ Date _____

Telemental Health Client Information

Address where services will be received:

Street Address (unit number if applicable)

City

Zip code

Phone number _____

Emergency contact

Name: _____

Phone number _____

Preferred payment

Credit card number

Expiration date

CVV # (on back of card)