Katie Erreca, Psy.D.

www.DrKatieErreca.com Clinical Psychologist PSY25101

Telemedicine Informed Consent

I _____hereby consent to engaging in telemedicine/teletherapy/ telepsychology with Katie Erreca, Psy.D., as part of my psychological treatment. I understand that "telemedicine" includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. 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 this state in some cases. 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 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. 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 psychologist, that: the transmission of

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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 telemedicine based services and care may not be as complete as face-to-face services. I also understand that if my psychologist believes I would be better served by another form of psychological services (e.g. face-to-face services) I will be referred to a practitioner who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy as outlined in Katie Erreca, Psy.D.'s general informed consent.

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

(5) I understand that I have a right to access my medical information and copies of medical records in accordance with California or other applicable state law.

(6) I understand that Dr. Erreca must comply with state laws and that in some cases, state law may limit the amount of time or sessions she may provide out of California.

(7) I understand that therapy sessions will be conducted through the HIPAA approved SecureVideo website. SecureVideo is HIPAA compliant and is committed to protecting PHI (Personal Health Information), however, upon the appropriate demand of a government agency, law enforcement agency, court or as otherwise required by law, SecureVideo may disclose my personal identifiable information. I understand that I may read more about SecureVideo's privacy policy on their website.

(7) I understand that SecureVideo intends to fully comply with the Communications Assistance for Law Enforcement Act ("CALEA"). I understand that by utilizing SecureVideo as a communication medium, Katie Erreca, Psy.D. has agreed and consented to SecureVideo's right to monitor and otherwise disclose the nature and content of our communications if and as required by CALEA without any further notice to either herself or her client.

(8) I understand that utilizing video conferencing as a communication medium may be subject to technical difficulties, therefore possibly impacting my therapeutic experience. I understand that I am responsible for the efficiency of my technological equipment. I understand that if my equipment is not functioning properly that it may interfere with the telemedicine/teletherapy services.

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

_____ _____

Signature Date