

## Informed Consent for Telemedicine Services

I understand that telemedicine is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to Shauna Havlina, LMFT providing health care services to me via telemedicine.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine. As always, my insurance carrier will have access to my medical records for quality review/audit. I understand that I will be responsible for any copayments or coinsurances that apply to my telemedicine visit.

I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting Shauna Havlina at 530-710-8411. As long as this consent is in force (has not been revoked) Shauna Havlina may provide 45 or 55 minute therapy sessions to me via HIPAA protected Telehealth video without the need for me to sign another consent form.

I understand that it is my responsibility to ensure I am in a safe, quiet, and confidential location to undergo video telehealth therapy sessions. I agree to never engage in video sessions while driving a vehicle or while in a public place.

Signature

Date

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Name

Name of child (if applicable)

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Witness

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