



"Life is comprised of continuous opportunities to practice."

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### Telemedicine Informed Consent Form

I \_\_\_\_\_ (name of client) hereby consent to engaging in telemedicine with Life Practice Counseling Group (LPCG) Marriage and Family Therapist (Trainee/Associate/Licensee) \_\_\_\_\_ (under the Supervision of Carisa Sherwood, LMFT #48768) 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, video, or data communications (e.g., phone, video chat (when available)).

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.
- (2) The laws that protect the confidentiality of my therapy information also apply to telemedicine. These laws were discussed in my first face-to-face session.
- (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 therapist, that: the transmission could be disrupted or distorted by technical failures; the transmission 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 understand that if my therapist believes I would be better served by another form of psychotherapy (e.g., face-to-face services) that will be recommended. I also understand that I must physically be in California to obtain services; telemedicine services are not available if I am physically outside of California.

- (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 law.

To secure your telemedicine session, LPCG requests that **payment be made 24 hours in advance** via PayPal at [http://www.lifepractice.org/Services\\_and\\_Fees.html](http://www.lifepractice.org/Services_and_Fees.html) or through other pre-arranged pre-payment means. Refunds are not available but if an appointment is cancelled before the 24 hour late cancellation time funds can be used for a rescheduled appointment.

LPCG therapists will insure a private and confidential setting on their end of the telemedicine conversation. LPCG requests clients find a similar private place free from distractions during session.

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

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Signature of Client

Date

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Signature of Therapist/Associate/Trainee

Date