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Informed Consent for Telehealth Services

Telehealth involves the use of electronic communications to enable Dr. Angela Bisignano to connect with individuals using live interactive video and audio communications. Telehealth includes the practice of psychological health care delivery, diagnosis, treatment, consultation, referral to resources, education, and the transfer of medical and clinical data. Dr. Bisignano follows the State of California Regulations for telehealth, as well as the American Psychological Association.

I understand that I have rights in regard to telehealth:

1. The laws that protect the confidentiality of my personal information that I have already signed also apply to telehealth. Dr. Bisignano has a copy of all forms on her website.
2. I understand that I have the right at any time to suspend or withdraw my consent to the use of telehealth in the course of my care.
3. I understand that there are risks from telehealth, including, but not limited to, the possibility, despite reasonable efforts from Dr. Bisignano or her team, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. Dr. Bisignano utilizes secure, encrypted HIPAA compliant audio/ transmission software to deliver telehealth.
4. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio/video / computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 911 or seek assistance from an emergency, hospital or crisis-oriented health care facility.

Consent to the Use of Telehealth

I have read and understand the information provided above regarding telehealth. I understand the risks and benefits related to the use of telehealth services. I give my informed consent to participate in the use of telehealth services for treatment under the terms described herein.

Print Name

Client's Signature

Date

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