

SARINA CASTRO PH.D.  
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## TELEHEALTH INFORMED CONSENT

The purpose of this form is to obtain your informed consent to participate in Telehealth consultation/psychotherapy sessions with Dr. Sarina Castro. Please let me know if you have any questions regarding the following information before signing below.

1. I understand that Telehealth involves the communication of my mental health/medical information in an electronic or technology assisted format, such as video and/or cell phone usage.
2. I understand that I may opt out of a Telehealth visit at any time and that this will not change my ability to receive future care at this office.
3. I understand that there are some potential risks of using Telehealth. These risks include but are not limited to:
  - The transmission of mental health/medical information could be disrupted or distorted by technical failures, despite reasonable efforts on both of our parts to prevent this.
  - In rare circumstances, and despite reasonable efforts on both of our parts, electronic communication could be intercepted causing a breach of patient privacy.
4. I understand that all existing confidentiality protections under federal and California law apply to information disclosed or used during my Telehealth sessions.
5. I understand that all existing laws concerning patient access to mental health/medical records apply to treatment conducted by Telehealth.
6. I understand that Telehealth billing is conducted in the same manner and at the same rate as in person appointments.
7. I understand that FaceTime, Zoom, or similar services may not provide a secure HIPAA-compliant platform, but I willingly and knowingly wish to proceed.
8. We are agreeing to meet by Telehealth due to the Coronavirus Pandemic which necessitates remote treatment options. I understand that once the pandemic situation resolves we will discuss options for continuing treatment, which may involve shifting to meeting in person. This will be decided by mutual discussion and agreement, weighing the risks and benefits to both parties involved.

I have had the opportunity to ask questions about the information provided above and my questions have been answered to my satisfaction.

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Printed Name

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Client Signature

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Date