

# PSYCHOLOGICALLY SPEAKING WITH DR. JACK SINGER, LLC

Phone: (949) 481-5660

**Please Sign, Scan, and Email to:**

[drjack@askdrjack.com](mailto:drjack@askdrjack.com)

## TELEMEDICINE INFORMED CONSENT

I \_\_\_\_\_ hereby consent to engage in (or have my child engage in) telemedicine (e.g., internet, email, Skype, texting or telephone based therapy and consultation) with Dr. Jack Singer as either the main venue or additional venue for my/my child's psychotherapy or sports performance treatment. I understand that telemedicine includes the practice of health care delivery, including mental health care delivery, sports performance consulting, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, and/or data communications. I understand that telemedicine also may involve the communication of my/my child's medical/mental health/sports performance information, both orally and visually, to other health care practitioners.

### **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/my child's 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/my child 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 suicide or 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. These may include, but are not limited to, the possibility, despite reasonable efforts on the part of Dr. Singer, that: the transmission of my/my child's medical information could be disrupted or distorted by technical failures; the transmission of my/my child's medical information could be interrupted by unauthorized persons; the electronic storage of my/ my child's medical information could be accessed by unauthorized persons and/or misunderstandings can more easily occur, especially when care is delivered in an asynchronous manner. Skype, text, telephone and email communications are not necessarily protected and could be vulnerable to interception by unauthorized individuals.

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In addition, I understand that telemedicine based services and care may not yield the same results nor be as complete as face-to-face service. I also understand that if Dr. Singer believes I/my child would be better served by another form of psychotherapeutic or sports performance services (e.g. face-to-face service), I/my child will be referred to a practitioner in my area who can provide such service. Finally, I understand that there are potential risks and benefits associated with any form of psychotherapy, and that despite my efforts and the efforts of Dr. Singer, my/my child's condition may not improve and in some cases, may even get worse.

(4) I understand that I/my child may benefit from telemedicine, but results cannot be guaranteed or assured. The benefits of telemedicine may include, but are not limited to: finding a greater ability to express thoughts and emotions; transportation and travel difficulties are avoided; time constraints are minimized; and there may be a greater opportunity to prepare in advance for therapy sessions.

(5) I understand that I have the right to access my/my child's medical information and copies of medical records in accordance with California law, that these services may not be covered by insurance and that if there is intentional misrepresentation, treatment will be terminated by Dr. Singer.

I have read and understand the information provided above, which has also been explained to me verbally. I have discussed it with Dr. Singer, and all of my questions have been answered to my satisfaction.

Signature of Client or Parent: \_\_\_\_\_

Date: \_\_\_\_\_