

Oshita Counseling

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CONSENT AND DISCLAIMER FOR TELEMEDICINE (ONLINE AND PHONE SERVICES)

This consent/disclaimer is for clients who have opted for phone and online communication due to difficulties making it to our office. This may mean communication will take place over the phone or computer in real time or other forms. Communication can include email, facetime, direct message or others. Also, documentation with private information may be transferred online. Although, all safety measures are taken to protect your information, there's always a risk of confidentiality breach, loss due to technical issues, or broken communication.

Please review the following and sign confirmation of understanding.

1. I understand that as the client, I wish to engage in a telemedicine communication.
2. Oshita Counseling has explained to me how phone and online conferencing technology will not be the same as a direct client/therapist visit due to the fact that I will not be in the same room as my therapist.
3. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that Oshita Counseling or I can discontinue the telemedicine consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
4. I understand that written/typed personal information may be shared and Oshita Counseling will maintain confidentiality of the information obtained.
5. I have had the alternatives to a telemedicine consultation explained to me.
6. I understand that questionnaires and forms may be sent online and some parts of the process may require me to attend in person.
7. I have had a direct conversation with my therapist, during which I had the opportunity to ask questions in regard to this online/telemedicine communication. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.

By signing this form, I certify:

I have read or had this form read and/or had this form explained to me

That I fully understand its contents including the risks and benefits of online/telemedicine communication.

I give consent to Oshita Counseling to communicate online with me.

Client/parent/guardian signature

Date

Time