Sesi Signature Inc.

Consent to Participate in Telehealth Services

Business and Professions Code § 2290.5 requires the provider to obtain and document the patient's consent (either verbally or in writing) at the time the service is delivered.

Key Disclosures and Consent to Treat

What is Telehealth? Telehealth is the delivery of healthcare services using technology when the provider and patient are in different locations. This can happen in two ways:

- **Synchronously:** A real-time visit over video or phone.
- **Asynchronously:** Sending medical information (like messages or photos) to a provider who reviews it and responds later.

Potential Risks of Telehealth While we use secure technology, telehealth has certain risks, including:

- The transmission of information could be interrupted or distorted due to technical failures.
- There is a small risk that security protocols could be breached by unauthorized parties.
- A telehealth visit may feel different, and for some, may not be as effective as an in-person visit.

Your Rights as a Patient

- You have the right to withhold or withdraw your consent to telehealth at any time.
- You have the right to request an in-person appointment as an alternative to telehealth.
- Your provider will continually assess if telehealth remains an appropriate form of care for you.

Emergency Plan and Patient Location I understand that in the event of a medical or mental health emergency during a session, my provider may need to contact local emergency services on my behalf. I authorize my provider to do so and agree to provide my physical location at the start of each session to ensure they can direct help to the correct address.

Prescribing and Treatment Limitations I understand that any prescriptions provided via telehealth are at the professional discretion of my provider and are subject to federal and state law. Not all medications can be prescribed via telehealth, and not all treatments can be delivered this way.

Sesi Signature Inc.

Consent to Receive Care via Telehealth I voluntarily consent to receive medical assessment, care, and treatment from Sesi Signature Inc. and its providers through the use of synchronous and/or asynchronous telehealth technologies.

Patient Responsibilities and Telehealth Rules

Your Environment and Privacy

- You are responsible for conducting your session in a private, secure, and quiet location.
- If another person is present at your location, you understand that your confidentiality is not guaranteed with respect to that individual.
- For your safety and the safety of others, you must **not** be driving a moving vehicle during your session. Please pull over to a safe location before starting your appointment.

Technology Requirements

- You are responsible for having a working internet connection, camera, and microphone for video visits.
- If you are disconnected, please attempt to reconnect within 5 minutes. If that fails, please call our office.
- Failure of your personal technology (e.g., poor internet, non-working camera) may result in the appointment being cancelled and a no-show fee being charged.

Identity Verification You may be asked to show a photo ID at the start of your session to verify your identity.

Acknowledgment and Signature

By signing below, I confirm that:

- I have read and fully understand all sections of this consent form.
- I have had the opportunity to ask questions, and they have been answered to my satisfaction.
- I understand the risks, benefits, and alternatives to telehealth.
- I voluntarily consent to receive medical care from Sesi Signature Inc. via telehealth.

Patient Signature: _____

Date: _____