Julie Maccarin, Ph.D

California Psychology License 29191 NPI 1760441794 EIN 82-3211381

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Informed Consent for Telehealth

In accordance with the California Board of Psychology, this informed consent indicates that you have agreed to receive therapy via telehealth. Currently, the platform I use for telehealth is Google Meet, which is HIPAA compliant. However, there is always the possibility, when using technology, of a data breach and I am required to inform you immediately if this occurs or if there is any unauthorized dissemination of data.

Disadvantages of telehealth include the possibility of delay, disruption and/or interruption of sessions due to technological failure, possible risks to confidentiality and security due to data breach, and for some children, difficulty attending and focusing during sessions.

Also, in accordance with the requirements for confidentiality, I do not discuss clinical issues via email.

By signing below, I acknowledge that I have read all of the information in this document “Informed Consent for Telehealth” and I consent to work with Dr. Julie Maccarin via telehealth.

Name (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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