

Informed Consent for Telepsychiatry Services

Information About Telepsychiatry:

Telepsychiatry involves the use of two-way videoconferencing to enable you to participate in treatment sessions with your psychiatrist from a remote location, such as your home or other private location. Treatment sessions are similar to in-person sessions, in that you and your psychiatrist can communicate in realtime while seeing each other over live video.

While telepsychiatry is similar to in-person care, there are differences and some associated limitations. Here are the expected benefits, as well as risks, to consider before proceeding with telepsychiatry.

Expected Benefits:

- Minimized exposure to infectious diseases, including COVID-19
- Improved access to medical care by enabling you to remain at a remote site, such as your home, while still receiving regular medical care
- Greater consistency in scheduling
- Greater efficiency in diagnosis and treatment

Possible Risks:

- Reduced ability to perform certain aspects of a physical examination or evaluation
- Insufficient information (e.g. poor resolution of images or audio) to allow for appropriate medical decision making by your psychiatrist
- Technical problems or failures interrupting or delaying treatment sessions
- Failure of security protections resulting in a breach of protected health information

Here is more information regarding how telepsychiatry is conducted in our office:

Telepsychiatry Platform

- Telemedicine appointments will be conducted through the HIPAA-compliant, encrypted platform _____. Unfortunately, we cannot use any other videoconferencing platforms.
- Your psychiatrist will explain how to use _____, and more information for patients can be found at _____.
- You will need to use a camera-enabled computer, tablet, or smartphone during the session.
- Please advise your psychiatrist of an alternate telephone number or other contact method, in the event technical problems interrupt your treatment session.
- It is important for your psychiatrist to know where you are physically located during your treatment session, in case an emergency arises. Please try to establish a consistent location for you to participate in telepsychiatry sessions.

In-Person Care

- You have the right to discontinue telepsychiatry sessions and proceed through in-person care, if you feel it would be more beneficial to you.
- Your psychiatrist may determine that due to certain circumstances, telepsychology is no longer appropriate and resume in-person treatment sessions.
- At the discretion of your psychiatrist, and for controlled substance prescriptions, you may be required to participate in periodic in-person visits to augment telepsychiatry sessions.
- In an emergency, your psychiatrist may advise you to proceed to an emergency room or other direct care facility for further evaluation and treatment. Please designate at least one emergency contact person and the closest emergency room to your location.

Privacy and Confidentiality

- It is important for you to be located in a quiet, private space that is free of distractions (including cell phones or other devices) during sessions.
- It is important to use a secure internet connection during treatment sessions, rather than public or free Wi-Fi.

- Confidentiality still applies for telepsychiatry services; treatment sessions will not be recorded without the express permission of all participants, including you and your psychiatrist.

Scheduling and Billing

- For minor patients, we require written consent from a parent or legal guardian for telepsychology sessions (see signature section below).
- It is important for you to be on time for telepsychiatry appointments. If you need to cancel or change your appointment, you must notify your psychiatrist in advance by telephone or email.
- Billing codes and superbills will have a modifier to indicate a telepsychiatry visit; your health insurer may or may not reimburse for these visits.
- It is your responsibility to confirm with your insurance company that telepsychiatry sessions will be covered; if they are not covered or only partially covered, you are responsible for full payment.

Patient Consent for the Use of Telehealth

By signing this form, I indicate the following:

1. I have read and understand all of the expected benefits and risks associated with telepsychiatry, discussed this with my psychiatrist, and any questions have been answered to my satisfaction.
2. I understand that I have the right to withhold or withdraw my consent to the use of telepsychiatry in the course of my care at any time and proceed with in-person care, without affecting my right to future care or treatment.
3. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth; that appropriate measures will be taken to secure transmitted information and maximize privacy and confidentiality.
4. I hereby give my informed consent for the use of telepsychiatry in my medical care.

Patient Name: _____ **Date:** _____

DOB: _____

Patient Signature: _____

Parent/Guardian or Other Responsible Party: _____

Name: _____

Signature: _____ **Date:** _____

Witness:

Name: _____

Signature: _____ **Date:** _____

____ I have been offered a copy of this consent form (please initial)