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Consent For Telepsychiatry

Introduction

Telepsychiatry is the delivery of psychiatric services using interactive audio and/or audio-visual electronic systems between a provider and a patient that are not in the same physical location. The interactive electronic systems used in Telepsychiatry incorporate network and software security protocols to protect the confidentiality of patient information and audio and visual data. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

Potential Benefits

- Increased accessibility to psychiatric care.
- Patient convenience.

Potential Risks

As with any medical procedure, there may be potential risks associated with the use of Telepsychiatry. These risks include, but may not be limited to:

- Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate decision-making by your provider.
- Your provider may not be able to provide medical treatment using interactive electronic equipment nor provide for or arrange for emergency care that you may require.
- Delays in medical evaluation and treatment may occur due to deficiencies or failures of the equipment.
- Security protocols can fail, causing a breach of privacy of confidential health information.
- A lack of access to all the information that might be available in a face to face visit, but not in a Telepsychiatry session, may result in errors in judgment.

Alternatives to the Use of Telepsychiatry

- Traditional face-to-face sessions in your provider's office.

Patient's Rights

- I understand that the laws that protect the privacy and confidentiality of medical information also apply to Telepsychiatry.
- I have the right to withhold or withdraw my consent to the use of Telepsychiatry during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment.

Patient's Rights, continued

• I have the right to inspect all medical information that includes the Telepsychiatry visit. I may obtain copies of this medical record information for a reasonable fee.

• I understand that my provider has the right to withhold or withdraw consent for the use of Telepsychiatry during the course of my care at any time.

• I understand that the laws that protect the privacy and confidentiality of medical information also apply to Telepsychiatry.

• I understand that the all rules and regulations that apply to the provision of healthcare services in the State of California also apply to Telepsychiatry.

Patient's Responsibilities

• I will not record any Telepsychiatry sessions without written consent from my provider. I understand that my provider will not record any of our Telepsychiatry sessions without my written consent.

• I will inform my provider if any other person can hear or see any part of our session before the session begins. The provider will inform me if any other person can hear or see any part of our session before the session begins.

• I understand that I, not my provider, am responsible for the configuration of any electronic equipment used on my device or computer that is used for Telepsychiatry. I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins. I understand that I must be a resident of the State of California to be eligible for Telepsychiatry services from my provider.

• I understand that my initial evaluation will not be done by Telepsychiatry except in special circumstances under which I will be required to verify my identity.

Patient Consent To The Use of Telepsychiatry

I have read and understand the information provided above regarding Telepsychiatry. I have discussed it with my provider and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of Telepsychiatry in my health care and authorize my provider to use Telepsychiatry in the course of my diagnosis and treatment.

_____ DOB_____

Print Name

_____ Date_____

Signature