



ATTN: After reading this form, complete and submit the *Consent for Telepsychiatry* Signature form.

CONSENT FOR TELEPSYCHIATRY

Introduction

Tele-psychiatry is the delivery of psychiatric services using interactive audio and 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.

Identify Verification- All Patients will have to verify their age and identify by showing their driver's license or other verifiable government identification.

Confidentiality

- * Information about the patient will only be released with his or express written permission, with the exceptions of the following cases: (1) if the provider determines risk of self-harm, (2) if the provider determines risk of harm to others, (3) if the provider is informed about or suspects abuse, neglect, or exploitation of a minor or of an incapacitated adult, or (4) if the provider believes that someone's mental condition leaves the person gravely disabled.
- * The provider will maintain records of online treatment and /or consultation services.
- * All clinical records will be maintained as required by applicable legal and ethical standards according to various professional licensing boards, i.e. American Medical Association, American Psychological Association etc.

Disclaimers & Plan of action:

- * Emerald Psychiatry & TMS Center is not liable for confidentiality breaches when they are caused by patient error.
- * If video services are not available due to an unplanned equipment or service malfunction sessions will occur via telephone.
- * Online mental Health Treatment may not be appropriate for patients with active suicidal or homicidal thoughts or patients who are experiencing acute mental health problems, such as manic or psychotic symptoms.
- * A patient who reports being at risk of harm to self or others will not be offered online mental health services from Emerald Psychiatry & TMS Center.
- * If through the initial assessment or subsequent sessions, a patient is deemed to be at risk of harm to self or to others, Emerald Psychiatry & TMS Center will terminate the sessions, while providing alternative treatment options.
- * If a patient who is not formerly at risk should become at risk of such harm to self or others, they must immediately report it to their Providers for Emerald Psychiatry & TMS Center. In such cases, a patient may be referred to a traditional program or provider.



Alternatives to the Use of Tele-psychiatry

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

Patient's Rights

- I understand that the HIPPA laws that protect the privacy and confidentiality of medical information also apply to Telepsychiatry. Emerald Psychiatry & TMS Center utilizes a HIPPA compliant Video Services.
- I have the right to withhold or withdraw my consent to the use of Tele-psychiatry during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment.
- I have the right to inspect all medical information that includes the Tele-psychiatry visit. I may obtain copies of this medical record information upon request.
- I understand that my provider has the right to withhold or withdraw consent for the use of Tele-psychiatry 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.

Patient's Responsibilities

- I will not record any Tele-psychiatry sessions without written consent from my provider. I understand that my provider will not record any of our Tele-psychiatry 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 computer or phone that is used for Tele-psychiatry. 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 Ohio to be eligible for Tele-psychiatry services from my provider.

It is the responsibility of the patient to inform the Emerald Psychiatry & TMS Center Clinician if they are at risk of harm to self or others.

PAYMENT

- * Payment is expected at the time of service for all online visits. Some insurance companies allow for online mental health treatment; some do not. If a patient's insurance denies the visit for online treatment, he or she will be responsible for the full cost of the visit: \$250 for a New Patient Evaluation or \$125 Follow up Evaluation
- * A fee of \$100 will be charged to patients who do not show up for a new patient evaluation. A fee of \$50 will be charged to patients who do not show up for a follow up evaluation. A fee of \$25 will be charged to patients who do not provide at least a 24-hr. notice of cancellation

Patient Consent to The Use of Tele-psychiatry

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

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