



Tele-Psychiatry Contact & Informed Consent

(PLEASE READ THIS DOCUMENT CAREFULLY)

Introductions:

Sessions and visits will be held via “tele-psychiatry”: using video conferencing software with audio capability and/or a separate software device for audio (e.g, telephone, headset, etc). Tele-Psychiatry establishes a formal physician-patient relationship used to maintain regular assessment, diagnostics, therapy, and/or prescription.

Neuro Behavioral Center will be utilizing Health Insurance Portability and Accountability Act (HIPAA) protected software to ensure that your protected health information is secure from unauthorized access and that confidentiality is maintained. This document serves as a consent form for treatment via tele-psychiatry in general.

Benefits for Tele-Psychiatry:

Tele-Psychiatry stands at the crossroads of cutting-edge technology and formal behavioral health services. You can expect the following benefits:

- Tele-psychiatry eliminates barriers to accessing healthcare and provides an alternative means to obtain behavioral health services for patients who may otherwise have limited accessibility or encounter prolonged waiting lists in the community.
- In addition to removing the burden of travel time to a physical medical office as well as the risks and costs associated with transportation, tele-psychiatry health allows for flexible scheduling.
- Tele-Psychiatry health offers a reduction of stigma by providing private treatment in the comfort of the patient’s personal space.
- Tele-Psychiatry health can provide treatment to the patients with disabilities and limited mobility without requiring extensive planning for transport.

Limitation of Tele-Psychiatry:

While it is not possible to anticipate all the limitations of any treatment, you should consider the following when consenting to treatment via tele-psychiatry:

- Tele-Psychiatry audiovisual equipment may experience technical difficulties.

- While every precaution is taken to secure patient data and maintain confidentiality, the nature of electronic appointments results in additional exposure to security breaches.
- Tele-psychiatry may not be suitable for certain illnesses that require higher level of care.
- Certain illnesses may not be adequately treated by tele-psychiatry.
- Certain medications may not be prescribed via tele-psychiatry session and may require physical visits or labs.

Safety and Alternate Treatment Options:

As tele-psychiatry is generally conducted remotely, safety protocols and alternate means of seeking help will be addressed in detail in your consultation. However, the following are generally accepted alternatives to treatment via tele-psychiatry:

- You may elect to seek treatment in a more traditional, in office visit. Note that current evidence via rigorous studies has shown that treatment via tele-psychiatry is equivalent to face-to-face visits with a psychiatry
- Pursuing treatment via tele-psychiatry is decision made by you. If you choose to revoke your decision and pursue alternate treatment, you are able to withdraw your consent at any time. *(Of course, we recommend discussing this decision with your psychiatrist first. We also recommend establishing your next provider prior to termination to eliminate any gaps in treatment.)*

Required Information at every visit:

- Name, location, and telephone number of the patient at the time of the session. This is to ensure that your psychiatrist is aware of alternative means of treatment should an emergency occur.

Rights and Responsibilities of the Provider and Patient:

- Neuro Behavioral Center reserves the right to assess suitability and appropriateness of tele-psychiatry candidates due to the potential limitations of the treatment modality mentioned above.
- In the event of imminent danger, the provider is legally and ethically bound to report information to the authorities, family members, or others, to minimize potential harm.

Cancellation and Late Policy:

- Cancellations within 24 business hours of appointment time is considered a no show and will be charged a fee of \$50
- Cancellations outside of 24 business hours of appointment time, we will gladly reschedule and no fee will be charged.

Consent (PLEASE READ CAREFULLY BEFORE INITIALING):

____1) The patient understands that he/she is consenting to behavioral health evaluation and treatment via tele-psychiatry.

____2) The patient understands that no results can be guaranteed, despite our best efforts to deliver care.

____3) The patient understands that they are able to ask questions about tele-psychiatry or any aspects of the evaluation and treatment at any time.

____4) The patient understands that in order to continue tele-psychiatry sessions, no patient, by any means is allowed to participate in operating any motor vehicle, and/or heavy machinery, as this will result in termination of your tele-psychiatry sessions.

____5) The patient understands that he/she should be a place where they are able to discuss any private medical issues freely as necessary with their provider with no limitations or distractions.

____6) the patient is responsible of carefully reading the instructions on how to setup a tele-psychiatry account and test it prior to their appointment.

____7) The patient is responsible for having a credit/debit card saved on our system, so we are able to run the payment per insurance prior to your appointment.

I certify that I have read and understand the entirety of this document. By signing below, I am agreeing with all the points addressed in this document, put forward by Neuro Behavioral Center, and I am also authorizing Neuro Behavioral Center to use tele-psychiatry for my evaluation and treatment.

Signature: _____

Name: _____

Email Address: _____

Date: _____