



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. These services may also include electronic prescribing, appointment scheduling, communication via email or electronic chat, electronic scheduling, and the distribution of patient education materials and forms.

Public Health Emergency/ COVID-19 Note

- For purposes of the State of Emergency, the above definitions for TelePsychiatry are expanded to include telephonic and/or video including technology commonly available, such as smart phones, tablets, and other devices.
- During the State of Emergency, all telehealth applications will be covered at all originating and distant sites as appropriate to properly care for the patient.
- Commercial Insurances Plans offer special services, but each plan may be different.
- During the COVID-19 Public Health Emergency, health care providers may use any non-public facing application to communicate with patients without risking any federal penalties — even if the application isn't in compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
- Licensure Waiver: State action temporarily suspends state-based licensing requirements for out-of-state licensed providers during the declaration of a public health emergency.
- The initial evaluation may be done by Tele-psychiatry under current State of Emergency pending verification of patient's identity.

Technology Requirements

- A computer/ smartphone/ iPad/ Android Pad and a webcam with microphone to video conference
- At the time of confirmation of your next visit [usually the day before], please inform us of the video platform you wish to use. We are currently using Doxy.me and Google products (Hangouts, Meet, Voice) – which work best for android/ windows platforms. For those using Apple devices, Apple's FaceTime work better.
- By default, if video communication fails, we will call you by phone from a "restricted phone number".
- We advise not to use chat/ instant messaging during the videoconference – it may interfere with the speed of data transmission.
- Be sure to use a broadband internet connection that, has a transmission speed of at least 5 MB upload/download to avoid pixilation, frequent buffering, and other video and audio difficulties associated with slow and insufficient transmission. Higher speeds might be required for newer technologies that use HD capabilities.

Potential Benefits

- Increased accessibility to psychiatric care.
- Patient convenience.
- Avoidance of certain public health risks – most recently: critical COVID-19 exposure.

Potential Risks

- Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate decision-making by the doctor.
- The doctor 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 data that might be available in the office visit, but not in a Tele-psychiatry session, may result in errors in judgment.

Alternatives to the Use of Tele-psychiatry

- Traditional face-to-face session.

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 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 understand that my doctor 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.
- I understand that the all rules and regulations that apply to the provision of healthcare services in the State of New York also apply to Tele-psychiatry.
- I understand that I may benefit from telepsychiatry, but that results cannot be guaranteed or assured.
- I understand that there are rules that limit the prescribing of controlled substances based on a telehealth evaluation.

_____ Please initial here, confirming that you have read, you understand and agree with each section of this page.



- I authorize the doctor to contact my emergency contact or my local physician if there is an urgent need that cannot be addressed via telehealth.
- I understand that I may use any non-public facing application that confers meaningful voice and video communication.

Patient’s Responsibilities

- I understand how video conferencing technology will be used.
- 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 the doctor if any other person can hear or see any part of our session before the session begins. The doctor 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 doctor, am responsible for the configuration of any electronic equipment used on my computer that is used for Tele-psychiatry. I understand that it is my responsibility to ensure the proper functioning and safety of all electronic equipment and audio/ video applications before my session begins.
- For medically insured patients: I understand that Commercial Insurances Plans have various eligibility options for TelePsychiatry services which may differ from the local/ state/ federal Public Health institutional recommendations. Should I accept Telepsychiatry services, I agree to have the billing services the choice to claim competitive benefits as compared to office visits.
- I understand that Telepsychiatry services are not emergency services. If I am experiencing a psychiatric/ behavioral emergency, I will call 911 or go to a local emergency room of a hospital.

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 of 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.

Patient’s Name (Please Print) _____ **Date:** _____

Signature of Responsible Party

Printed Name

Resources:

DEFINITIONS: Nysenate.gov; ama-assn.org; Hhs.gov and telehealth.hhs.gov ; Cms.gov; psychiatry.org
NYS Rules: op.nysed.gov
BILLING: Cms.gov; http://www.mssnyenews.org/wp-content/uploads/2020/03/Medicaid_Update_COVID-19_Comprehensive_Telehealth_Guidance_Updated_3_23_2020.pdf