



AR PSYCHIATRIC AND COUNSELING CENTER

Informed Consent for Telemental Health Services

Information About Telemental Health:

Telemental Health involves using two-way videoconferencing to enable you to participate in treatment sessions with your provider (psychiatrist/ therapist) remotely, such as at your home or another private location. Treatment sessions are similar to in-person sessions, in that you and your provider can communicate in real-time while seeing each other over live video.

While telemental health 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 it.

Expected Benefits:

- 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.

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 provider.
- 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:

- **IMPORTANT: *You must be in Georgia for Telehealth sessions.***
- Telemental health appointments will be conducted through the HIPAA-compliant, encrypted platform Doxy.me/ Doximity, or via phone if the encrypted platform fails.
- You will need to use a camera-enabled computer, tablet, or smartphone during the session. Please advise your provider of an alternate telephone number or another contact method in the event technical problems interrupt your treatment session.
- It is important for your provider 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 telemental health sessions.
- In an emergency, your provider 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.
- It is your responsibility to contact the practitioners in your area if an emergency arises and include but are not limited to the following:
 - a. 988 Suicide & Crisis Lifeline
 - b. GCAL (Georgia Crisis & Access Line) – 800-715-4225
 - c. National Suicide Hotline – 800-273-TALK (8255)
 - d. Other Local Emergency Number: _____
- At the discretion of your provider, and for controlled substance prescriptions, you may be required to participate in periodic in-person visits to augment telehealth sessions.
- We cannot conduct a session while you are operating a moving vehicle or not in a fixed location to protect your safety and the safety of others.
- For minor patients, we require written consent from a parent or legal guardian for telemental health sessions (see the signature section below).

- It is important for you to be on time for telemental health appointments. If you need to cancel or change your appointment, you must notify your provider in advance by telephone.

Privacy and Confidentiality:

- It is important for you to be in a quiet, private space 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 telemental health sessions; treatment sessions will not be recorded without the express permission of all participants, including you and your psychiatrist/therapist.

In-Person Care:

- You have the right to discontinue telemental health sessions and proceed through in-person care if you feel it would be more beneficial to you.
- Your provider may determine that telemental health is no longer appropriate due to certain circumstances and resume in-person treatment sessions.

Patient Consent for the Use of Telehealth:

By signing this form, I indicate the following:

- I have read and understand all the expected benefits and risks associated with telemental health, and any questions have been answered to my satisfaction.
- I understand that I have the right to withhold or withdraw my consent to the use of telemental health in the course of my care at any time and proceed with in person care without affecting my right to future care or treatment.
- I understand that the laws that protect the 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.
- I hereby give my informed consent for the use of telemental health in my medical care.

Patient Name: _____ Date: _____ DOB: _____

Patient Signature: _____

Parent/Guardian or Other Responsible Party: _____

Name: _____ Signature: _____ Date: _____

Witness Name: _____

Signature: _____ Date: _____