



TELEHEALTH INFORMED CONSENT

Tele-psychiatry visits will be used via Zoom, a video conferencing software with audio capability and/or a separate software/device for audio (e.g., telephone, headset, etc.). Tele-psychiatry is an appointment where the practitioner and the patient are not in the same physical location. Tele-psychiatry establishes a formal physician-patient relationship used to maintain regular assessment and treatment, therapy, and/or medication management.

A1 Medical & Behavioral Health, LLC (A1MBH) 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 general treatment via tele-psychiatry.**

Benefits of 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 appointments allow for flexible scheduling.
- Tele-psychiatry appointments offer a reduction of stigma by providing private treatment in the comfort of the patient's personal space.
- Tele-psychiatry appointments can provide treatment to patients with disabilities and limited mobility without requiring extensive planning for transport.

Limitations 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 levels of care. Certain illnesses may not be adequately treated by tele-psychiatry.
- Certain medications may not be prescribed via tele-psychiatry appointments and may require physical appointments.
- Some insurance companies require that the initial psychiatric evaluation be performed in-office. Medicare may not pay for tele-psychiatry appointments into the home.

Safety and Alternative 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 alternative 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 practitioner.
- Pursuing treatment via tele-psychiatry is a 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 practitioner first. We also recommend establishing your next provider prior to termination to eliminate any gaps in treatment.)

Requirements For Each Visit

- Name, location, and telephone number of the patient at time of session. This is to ensure that your practitioner is aware of alternative means of treatment should an emergency occur.
- Name, location, and telephone number of the provider at time of session.
- Although this is not your traditional office visit setting, payment is collected prior to receiving services from A1MBH.

Rights and Responsibilities of the Provider and Patient

- A1MBH 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 authorities, family members, or others, to minimize potential harm.
- 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 understand that the A1MBH practitioner has the right to withhold or withdraw his consent for the use of tele-psychiatry during the course of my care at any time.
- I understand that all rules and regulations, which apply to the practice of medicine in the state of Florida, also apply to tele-psychiatry.
- I will not record any tele-psychiatry sessions without written consent from an A1MBH provider.
- I understand that all A1MBH provider(s) will not record any of our tele-psychiatry sessions without my written consent.
- The A1MBH 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 the A1MBH provider, is responsible for the configuration of any electronic equipment used on my computer or other electronic device to be 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 Florida to be eligible for tele-psychiatry services from A1MBH.
- **I understand that I must use the internet or a secure WiFi connection to be able to have the speed in which to conduct an adequate video call. Cellular service alone IS NOT adequate due to the amount of security placed on these videos.**

Cancellation Policy

Tele-psychiatry appointments are subject to the same Cancellation / Reschedule / No Show policy as regular in office visits.

Consent (MUST CAREFULLY READ)

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 they will NOT drive during the session as this will result in termination of tele-psychiatry.
5. The patient understands that he/she should be in a place where they are able to discuss any private psychiatric/medical issues freely as necessary with their provider with no limitations and no distractions.
6. **Failure to comply with item 4 or 5 of this list will result in terminating the appointment.**
7. The patient is responsible for carefully reading the instructions on how to set up a tele- psych account and test it prior to the appointment

I certify that I have read and understand the entirety of this document, titled "Tele- psychiatry Contract and Informed Consent." By signing below, I am agreeing with this document put forth by A1 Medical & Behavioral Health, LLC and I am also authorizing A1 Medical & Behavioral Health, LLC to use tele-psychiatry for my evaluation and treatment.

Printed Name: _____

Signature: _____

Date: _____