Patient Information and Consent Form for Telepsychiatry

Introduction:
Telepsychiatry is the delivery of psychiatric services using interactive audio and visual electronic systems where the psychiatrist and the patient are not in the same physical location. The interactive electronic systems used in telepsychiatry incorporate network and software security protocols (encryption) to protect the confidentiality of patient information and audio and visual data.

Potential Risks with Telepsychiatry:
As with any healthcare service, there may be potential risks associated with the use of telepsychiatry. The risks include, but may not be limited to:

- Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate psychiatric decision-making by your provider. Your provider may not be able to provide psychiatric treatment using interactive electronic equipment nor provide for or arrange for emergency care that may be required
- Delays in psychiatric evaluation and treatment may occur due to deficiencies or failures of the equipment
- Security protocols can fail, (although extremely unlikely) causing a breach of privacy of confidential psychiatric information
- A lack of access to all the information that might be available in a face-to-face visit but not in a telepsychiatry session may result in errors in psychiatric judgment

Alternatives to the use of Telepsychiatry:
- Traditional face-to-face sessions with a local provider

Confidentiality Standards required for Telepsychiatry:
- During a telepsychiatry health session, both locations shall be considered a patient examination room regardless of a room’s intended use
- Both sites shall be appropriately chosen to provide audio and visual privacy
- Rooms shall be designated private for the duration of the session with the Provider and no unauthorized access shall be permitted
- Both sites shall take every precaution to ensure the privacy of the consult and the confidentiality of the patient. All persons in the exam room at both sites shall be identified to all participants prior to the consultation and the patient’s permission shall be obtained for any visitors or psychiatrists to be present during the session
- HIPAA confidentiality requirements apply the same for telepsychiatry as for face-to-face appointments

Patient Rights:
• The laws that protect the privacy and confidentiality of psychiatric information also apply to telepsychiatry.
• Video conferencing technology used by Gersh, Hartson, Payne, Hoffman and Associates, PC is encrypted to prevent unauthorized access to private psychiatric information.
• Patient has the right to withhold or withdraw consent to the use of the telepsychiatry during the course of care at any time. Withdrawal of consent will not affect any future care or treatment.
• Gersh, Hartson, Payne, Hoffman and Associates Providers have the right to withhold or withdraw consent for the use of telepsychiatry during the course of care at any time.
• Rules and Regulations which apply to the practice of psychiatry in the state of Iowa also apply to telepsychiatry.

Patient Responsibilities:
• Will inform provider if any other person can hear or see any part of our session before the session begins. The provider will inform patient if any other person can hear or see any part of the session before the session begins.
• Third-parties may be required to join in the meeting with the provider and patient to provide technical support. Patient may be asked to interact with the technical support person on camera in order to fix the problem. If patient declines this request and Provider’s equipment is rendered unusable for the video conferencing, patient may forfeit the option to use telepsychiatry.
• Patient, not Gersh, Hartson, Payne, Hoffman and Associates PC, is responsible for the configuration of equipment on the patient’s computer/phone which is used for telepsychiatry. It is patient’s responsibility to ensure the proper functioning of all electronic equipment before session begins. Patient may need to contact a designated third party (Zoom.us) for technical support to determine computer’s readiness for telepsychiatry prior to beginning telepsychiatry session with Provider.
• Must be a resident of the state of Iowa to be eligible for telepsychiatry services from Gersh, Hartson, Payne, Hoffman and Associates, PC.

By accepting the invitation to a Telepsychiatry meeting, you are acknowledging that you have read and understand the information provided regarding telepsychiatry, have discussed with your Provider and all questions have been answered to satisfaction.

By accepting the invitation to a Telepsychiatry meeting, you are giving informed consent for the use of telepsychiatry by Gersh, Hartson, Payne, Hoffman and Associates, PC, for the course of diagnosis and treatment.
By accepting this invitation to a Telepsychiatry meeting, you are also giving consent for Gersh, Hartson, Payne, Hoffman and Associates, PC to bill your health insurance for Telepsychiatry.