

Informed Consent for Tele-psychiatric Service

Tele-psychiatry is the delivery of psychiatric (or psycho-therapeutic) services using interactive audio and visual (video) electronic systems. The provider and the patient are not in the same physical location. The interactive electronic systems incorporate network and software security protocols to protect patient information and to safeguard all data that are exchanged. **Doxy.me (www.doxy.me)** is the HIPAA compliant, secure website over which all appointments will be conducted.

Requirements

- A computer
- A webcam with microphone to video conference
- A HIPAA compliant online company specializing in tele-medicine.

Potential Benefits

- This service model provides convenient psychiatric care for individuals who are unable to be treated face to face
- Tele-psychiatry increases accessibility to care for individuals with limited physical mobility
- Individuals in rural or underserved locations
- Caregivers who are unable to leave their charges unattended for long periods

Potential Risks

As with any medical interaction, there may be potential risks associated with the use of tele-psychiatry. These risks include, but may not be limited to:

- Issues may occasionally occur with internet connectivity
- Difficulties with hardware, software, equipment, and/or services supplied by a 3rd party may result in service interruptions. Any problems with internet availability or connectivity are outside the control of the doctor. The doctor can in no way guarantee that the equipment and technology needed to provide services to patients will work effectively.
- Information transmitted may not be adequate (e.g., poor resolution of video) to allow for appropriate medical decision-making by the psychiatrist.
- The doctor's inability to provide treatment to the patient using interactive electronic equipment, nor provide for, or arrange for emergency care that the patient may require, in cases of connection failure.
- Delays in medical evaluation and treatment may occur due to deficiencies or failures of equipment.
- Security protocols can fail, causing a breach of privacy of confidential medical information.
- Inability to access vital patient information provided in face-to-face care may result in errors in medical judgment.

My Rights

- I understand that the laws that protect the privacy and confidentiality of medical information also apply to tele-psychiatry.
- I understand that the technology used by the provider is encrypted to prevent the unauthorized access to my private medical information.
- 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 all the rules and regulations which apply to the practice of medicine in the state of my residence also apply to tele-psychiatry.
- I understand that the provider will not record any of our tele-psychiatry sessions.

- I understand that the provider will not allow any other individual to listen to, view or record my tele-psychiatry session without my express written permission.
- If an event occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, the doctor will call the patient at the phone number provided on this form.

My Responsibilities

- I agree to take full responsibility for the security of any communications or treatment information involved with my own computer and with my own physical location.
- I understand that I am solely responsible for maintaining the strict confidentiality of my User ID and Password and I will not allow another person to use my user ID to access any psychiatric services. I also understand that I am responsible for using this technology in a secure and private location.
- I understand that the company the doctor has chosen to conduct the online appointment is an independent company specializing in HIPAA compliant tele-medicine. My doctor is not responsible for that company's operations or how it secures and maintains my protected health information.
- The aforementioned online company might send me emails or communication, such as appointment reminders. I understand that Dr. Cisse is in no way responsible for any communication established by the company. If I receive any unwanted communication, I will contact the company and address my concerns to them directly.
- I will not record any tele-psychiatry sessions without written consent from Dr. Cisse. I will inform the doctor if any other person can hear or see any part of our session before the session begins.
- I understand that I, (not Dr. Cisse) am responsible for providing and configuring any electronic equipment used on my computer for all tele-psychiatry sessions.
- I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins. I agree to revert to a telephone voice session utilizing the indicated backup telephone number provided below, should a video connection malfunction. If I experience any technical difficulties, Dr. Cisse encourages that I call/contact the selected online company for technical support.

Patient Consent to the Use of Tele-psychiatry

I have read and understand the information provided in the preceding pages regarding tele-psychiatry. At this time, all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of tele-psychiatry in my medical care and authorize Dr. Cisse to use tele-psychiatry in the course of my diagnosis and treatment.

Patient Signature: _____