



TELEPSYCHIATRY INFORMED CONSENT

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. Cinco Ranch Psychiatry allows its psychiatrist to perform telepsychiatry after the initial face-to-face evaluation, and between semi-annual face-to-face re-evaluations, but only through the telemedicine service provider Zoom.us. The interactive electronic systems used by Zoom.us incorporate network and software security protocols to protect the confidentiality of patient information and audio/visual data. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

Potential Telepsychiatry Benefits: 1) Increased accessibility to psychiatric care. 2) Patient convenience.

Potential Telepsychiatry Risks: 1) Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate medical decision-making by my psychiatrist. 2) Delays in psychiatric evaluation and treatment could occur due to deficiencies or failures of the equipment. 3) Security protocols can fail, causing a breach of privacy of my confidential medical information. 4) In rare cases, a lack of access to all the information that might be available in a face-to-face visit, but not in a telepsychiatry session, could result in the omission of care involving other health problems or possible adverse drug interactions.

If I decide that the benefits outweigh the risks, I may request telepsychiatry sessions when I schedule follow-up appointments at a rate of \$200 per appointment. If my psychiatrist agrees, I will be scheduled for a telepsychiatry session, and I will be sent an internet link with instructions to **log into the “waiting room” at least 5-10 minutes prior to my scheduled appointment.**

My Rights: (1) I understand that all laws protecting the privacy and confidentiality of medical information also apply to telepsychiatry. (2) I understand that all the Texas rules and regulations which apply to psychiatry also apply to telepsychiatry. (3) I understand that my psychiatrist has the right to withhold or withdraw their consent for the use of telepsychiatry at any time during the course of my care. (4) I understand that I have the right to withhold or withdraw my consent for the use of telepsychiatry at any time during the course of my care, and withdrawal of my consent will not affect any future care or treatment from my psychiatrist.

My Responsibilities: (Please initial as acknowledgement of understanding)

___(1) I understand that I must be **physically within Texas** (including offshore State waters) to be eligible for telepsychiatry, and my psychiatrist can send prescriptions for medications only to Texas pharmacies or addresses. I will inform my psychiatrist as soon as my session begins of my physical location.

___(2) I will ensure the proper configuration and functioning of all my electronic equipment prior to my session because the computer, tablet, or mobile telephone I use **must have working camera and audio input** so that my psychiatrist can see and hear me in real time.

