



Consent for Telepsychiatry Behavioral Health Assessment and Treatment

Telepsychiatry services are behavioral health services provided by a psychiatrist or counselor within his/her scope of practice using real-time, two-way interactive audio-video transmission. The psychiatrist or counselor from a remote location obtains medical and mental health information for the purpose of an assessment, diagnosis, treatment therapy, follow-up, and/or education.

Expected Benefits:

Telepsychiatry behavioral health services are HIPAA compliant. Telepsychiatry has the same potential benefits as associated with any traditional, in-person behavioral health encounter.

Telepsychiatry provides patients to receive convenient, efficient and timely access to psychiatrist and/or counselor by enabling a patient to remain in his/her local healthcare site or home while the psychiatrist and/or counselor consults at distant sites.

Telepsychiatry may provide the ability to see a psychiatrist and/or counselor more rapidly.

Possible Risks:

The risks specific to telepsychiatry include but may not be limited to:

Breakdown of equipment may cause inadequate quality of transmission requiring at least reschedule of video consultation and hence possible delay in care.

Body language cues that a face-to-face interview provider may be lost in a telepsychiatry interview.

Security protocols could fail, causing a breach of privacy of personal medical information. Consent: I understand that there are benefits to using telepsychiatry behavioral health services. I have had the alternatives to telepsychiatry behavioral health with psychiatrist and/or counseling explained to me.

I consent to receive psychiatric assessment, treatment and counseling via telepsychiatry behavioral health services.

I understand that if a treatment team member such as a nurse or administrator is present during telepsychiatry sessions they will maintain confidentiality.

I understand that none of the telepsychiatry health sessions will be recorded or photographed. I have read this document carefully and understand the risks and benefits of the telepsychiatry behavioral health services and have



had my questions regarding the process explained to me and I hereby, consent to participate in telepsychiatry behavioral health services under the terms described herein.

Your Name and Signature Date/Time

Your Name and Signature Date/Time

Name and Signature of Authorized Representative/Legal Guardian Date/Time _____