

## **INFORMED CONSENT FOR TELEPSYCHIATRY, TELETHERAPY AND TELEPSYCHOLOGY SERVICES**

This informed consent details important considerations when patients and clinicians work together using phones or the Internet (hereafter referred to as telemedicine) to replace in-office psychiatry, psychotherapy or psychology sessions. The full range of services offered at In Step Behavioral Health, including medication management may be performed using telemedicine.

Please review the following information carefully; once you sign this document it will represent an agreement between you and In Step Behavioral Health, S.C.

### **Benefits of Telemedicine**

Patients and clinicians can engage in services without being in the same physical location. This can help ensure continuity of care if the patient or clinician moves to a different location, takes an extended vacation, or is otherwise unable to continue to meet in person. Patients can only be seen through telemedicine when they are located in the state in which the clinician is licensed.

### **Potential Risks of Telemedicine**

Technology. Issues related to technology that may arise include dropped calls, choppy audio or video or stored data being accessed by unauthorized persons. For these reasons, patients or the clinician can discontinue the telemedicine session if it is felt that the videoconferencing connections are not adequate for the situation.

Crisis management and intervention. Telemedicine used for outpatient services should not be initiated when a client is in a crisis situation. To mitigate risks which may arise during a telepsychological session emergency contacts are documented in this form.

Efficacy. Most research shows that telemedicine is about as effective as in-person psychiatric/psychological services. However, some clinicians believe that something is lost by not being in the same room; an example of this would be a clinician's ability to fully understand non-verbal information when working remotely may be diminished compared to an in-office session.

## **Confidentiality**

All In Step Behavioral Health clinicians have a legal and ethical responsibility to use their best efforts to protect communications that are part of telemedicine. The electronic health record system used by the practice is compliant with the HIPAA (Health Insurance Portability and Accountability Act) privacy act. It is important that you also take reasonable steps to ensure the security of your protected health information and communications (for example, only using secure networks and setting strong passwords to protect the device you use for telemedicine). Patient healthcare information may be shared with other individuals for scheduling and billing purposes.

## **Emergencies**

Assessing and evaluating threats and other emergencies can be more difficult when conducting telemedicine compared to those performed face-to-face. In the event that a crisis arises during a remote session your clinician will contact the person and any other local hotlines or resources you have designated on this form.

If the session is interrupted for any reason (including failure of computer or telecommunications equipment) you should call 911 and/or any other hotlines or local resources identified by you on this form or go to the nearest emergency room. Only after you have received emergency services should you once again contact your clinician.

If the session is interrupted and you are not having an emergency, disconnect from the session and your clinician will wait two (2) minutes and then re-contact you via the telemedicine platform. If there is a technical failure that cannot be resolved you will only be charged the prorated amount of actual session time.

## **Electronic Communications**

You are solely responsible for any cost to you to obtain any necessary equipment, accessories, or software to take part in telemedicine.

## **Fees**

The same fee rates will apply for telemedicine as apply for equivalent in-person sessions. It is strongly recommended that you contact your insurance company in order to determine

whether mental and behavioral health telemedicine services will be covered by your plan and if you need prior authorization.

***If your insurance, HMO, third-party payer, or other managed care provider does not cover electronic sessions, you will be solely responsible for the entire fee of the session.***

**Records**

The telemedicine sessions shall not be recorded by either party as audio or video files unless agreed to in writing by both parties. The session will be documented using the same electronic health record system used during face-to-face appointments.

**Emergency Contact Information**

Emergency contact person:

\_\_\_\_\_/\_\_\_\_\_  
Name Phone Number

Hotline or local emergency resources:

\_\_\_\_\_/\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_/\_\_\_\_\_  
Name Phone Number

**Informed Consent**

This agreement supplements the informed consent terms and conditions that are part of the Registration Packet you signed when you registered as a patient of In Step Behavioral Health, S.C.

Your signature below indicates agreement with the terms and conditions of this Informed Consent for Telemedicine.

\_\_\_\_\_/\_\_\_\_\_  
Client Date