

Cornerstone Psychological & Counseling Services (Cornerstone) Telepsychiatry Option for Established Patients with Clinical Nurse Specialist

Patient Information and Informed Consent for Telepsychiatry Services

Telepsychiatry is the delivery of psychiatric (or psychotherapeutic) services using interactive audio and visual (video) electronic systems where 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 safeguard the data exchanged.

Requirements

- A computer or tablet with a webcam and microphone, or a smart phone to utilize the video conferencing tool, [Doxy.me](#), which is a free and secure telemedicine app for patients and providers. Using a smart phone is the easiest option for patients and requires no additional downloads or equipment.

Potential benefits

- Telepsychiatry provides convenience and increased accessibility to psychiatric care for individuals who reside in Ohio and are unable to be treated face-to-face due to temporary circumstances such as illness, extended vacations, college, or for those patients who wish to be treated remotely for convenience.

Potential Risks

As with any medical procedure, there may be potential risks associated with the use of telepsychiatry.

These risks include, but may not be limited to:

- Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate medical decision making by the Clinical Nurse Specialist/Nurse Practitioner.
- The provider may not be able to provide medical 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 the equipment.
- Although highly unlikely, security protocols can fail, causing a breach of privacy of confidential medical 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 medical judgment.

My Rights

- I understand that the laws that protect the privacy and confidentiality of medical information also apply to telepsychiatry.
- I understand that the Doxy.me technology used by the provider is HIPPA compliant.
- I have the right to withhold or withdraw my consent to the use of telepsychiatry during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment once Cornerstone has reopened.
- I understand that the provider has the right to withhold or withdraw his or her consent for the use of telepsychiatry during the course of my care at any time.
- I understand that all rules and regulations which apply to the practice of medicine/advanced practice nursing in the state of Ohio also apply to telepsychiatry.
- I understand that the provider will not record any of our telepsychiatry sessions without my written consent.
- I understand that the provider will not allow any other individual to listen to, view or record my telepsychiatry session without my express written permission.

My Responsibilities

- I will not record any telepsychiatry sessions without written consent from the provider. I will inform the provider if any other person can hear or see any part of our session before the session begins.
- I understand that I, not the provider, am responsible for providing and configuring any electronic equipment used on my computer which is used for telepsychiatry. I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins and agree to revert to a telephone voice session utilizing the indicated backup telephone number provided below should a video connection not function properly.

- If possible, I will conduct a blood pressure & pulse check with my own equipment and provide my current weight to my Clinician at the start of each session.
- I have read and understand that all clinic policies of Cornerstone apply to all telemedicine as well as all in-person visits.
- I understand that I agree to be seen at least twice a year to maintain therapeutic services and a provider/patient relationship.
- I understand that I must establish a medical therapeutic relationship with my proposed telepsychiatry provider face-to-face prior to commencing telepsychiatry treatment.
- **I choose one of the following payment options to cover telepsychiatry services (please circle one choice):**
 - 1) I consent to paying self-pay rates as listed on the Telepsychiatry Fee Schedule because services will not be billed through my insurance and are due on the date of service.**
 - 2) I consent to having Telepsychiatry services billed through my insurance with the knowledge that services may not be covered or only partially covered, and any charges not covered by insurance, will be my responsibility to pay.**
- If option 1 is chosen, I consent to paying in advance, on or before the date of service, to Cornerstone.
- I understand that a telepsychiatry appointment is scheduled the same as an office appointment and should I not be available for the appointment or cancel it less than one full business day in advance, it will be charged as a missed appointment.

Patient Consent to the Use of Telepsychiatry

I have read and understand the information provided in the preceding pages regarding telepsychiatry. I have discussed this information with Cornerstone and all my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telepsychiatry in my medical care and authorize the provider to use telemedicine in the course of my diagnosis and treatment.

Patient Name (Printed): _____

Date of Birth: _____

Patient E-mail _____

Patient Smart Phone Contact: _____

Telemedicine Provider with whom you will have your appointment covered under this agreement/consent: **Rosemary McDonagh, PMHCNS, BC**

Signature of Patient/Guardian:

Date: _____