

CONSENT FOR TELEPSYCHIATRY

The benefits of having a video consultation can be:

- Reducing the waiting time to see a specialist.
- Avoiding your need to travel to the specialist or distant service.

The risks of having a video consultation can be:

- A video consultation will not be exactly the same, and may not be as complete as a face-to-face service. There could be some technical problems that affect the video visit.
- This practice uses systems that meet the standards to protect the privacy and security of the video visits. However, the service cannot guarantee total protection against hacking or tapping into the video visit by outsiders. This risk is small, but it does exist. If the video visit does not achieve everything that is needed, then I will be provide suggestions of what to do next.

I hereby consent to engaging in telemedicine with Peta Clarkson M.D.

I understand that “telemedicine” includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications. I understand that telemedicine also involves the communication of my medical/mental information, both orally and visually, to health care practitioners. I understand that I have the following rights with respect to telemedicine:

- (1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- (2) The laws that protect the confidentiality of my medical information also apply to telemedicine. As such, I understand that the information disclosed by me is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but not limited to reporting child, elder, and dependent adult abuse; expressed threats of danger to oneself or to others. I also understand that the dissemination of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without my written consent.
- (3) I understand that there are risks and consequences from telemedicine, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychiatrist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. In addition, I understand that telemedicine-based services and care may not be as complete as face-to-face services. I also understand that if my psychiatrist believes I would be better served by another form of psychiatric services (e.g. face-to-face services) I will be referred to a psychiatrist who can provide such services in my area. Finally, I understand that there are potential risks and benefits associated with any form of psychiatry, and that despite my efforts and the efforts of my psychiatrist, my condition may not be improve, and in some cases may even get worse.
- (4) I understand that I may benefit from telemedicine, but that results cannot be guaranteed or assured.
- (5) I understand that I have a right to access my medical information and copies of medical records.

I have read and understand the information provided above. I have discussed it with my Psychiatrist and all of my questions have been answered to my satisfaction.

Patient Name: _____ Signature: _____

By providing your name, you have acknowledged the above statements and agree to be treated by
Peta Clarkson M.D