

TELEPSYCHIATRY INFORMED CONSENT

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Patient Name:

Date of Birth:

Email address: _____

Telephone where text can be received _____

Am I eligible for a Telepsychiatry session?

• As per law, Doctors may only administer these sessions when the client/patient is physically located in a state where that Doctor currently holds an active license to practice medicine. Dr Salzer is only licensed to practice medicine in New York State. Therefore, Patients must be physically present in New York State during virtual appointments with the physician to be eligible for telepsychiatry services. At the start of each session the patient must tell the physician of his/her specific location to confirm presence in New York State, and in order to facilitate the provision of emergency services should the need arise. If you are scheduled for telemedicine appointment and are not in New York State you will be billed for a missed appointment.

Will you be located in the State of New York at the time of all Telepsychiatry sessions? Please circle:

Yes

No

Also please be aware that state regulations require a face to face evaluation prior to any controlled substance being prescribed. If you have already been seen face to face, those sessions meet that requirement. If you are a new client and have never been seen face to face but will be prescribed a controlled substance in the future, you do not need to be seen in person NOW, but you will need to be seen in person before a controlled substance may be Prescribed.

Introduction

This document is intended to show that, prior to receiving services via telepsychiatry, I have been informed of the risks, benefits and alternatives to telepsychiatry, so that I can make an informed choice about receiving these services.

What is Telepsychiatry?

Telepsychiatry is the form of psychiatric treatment performed through telemedicine, allowing patients to access psychiatric care using interactive audio-video communication by electronic means such as videoconferencing. Telepsychiatry is an alternative to direct, in person

psychiatrist-patient encounters, allowing the patient to receive care without having to be physically present with the psychiatrist.

Is Telepsychiatry Confidential?

Telepsychiatry is subject to the same confidentiality protections as other medical treatment information. I am using a telepsychiatry platform which is HIPPA compliant and designed specifically for doctors and patients. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption. However, as described below, no guarantee can be made that security protocols cannot be breached causing an unintended disclosure of access to my medical information.

Expected Benefits of & Alternatives to Telepsychiatry

In the current climate I have elected to adopt Telepsychiatry because many of my clients have expressed concerns about the transmission of COVID-19 and are striving to decrease transmission and protect their health.

There are additional possible benefits associated with the use of telepsychiatry including the following:

- Improved convenience and access to psychiatric care by enabling a patient to remain in his/her home or office.
- More efficient psychiatric evaluation and management.
- Obtaining expertise of a distant specialist.

Although there are expected benefits from the use of telepsychiatry, no specific results or benefits can be guaranteed. The alternative to telepsychiatry is traditional face-to-face treatment with the patient and psychiatrist in the same location.

Possible Risks of Telepsychiatry

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

These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor rapport or transmission quality via virtual session may result in the physician not being able to adequately assess the circumstances);
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;

- In rare cases, a lack of access to complete medical or psychiatric records may result in adverse drug interactions or allergic reactions or other medical judgmental errors.

Patient Rights and Responsibilities Regarding Telepsychiatry

There are a number of rights and responsibilities for patients who agree to treatment by telepsychiatry including the following, which I understand and agree to:

- Videoconference technology used by the physician is encrypted to help prevent unauthorized access to private medical information.
- Patients have the right to withhold or withdraw consent to the use of telepsychiatry during the course of their care; however, patients should, whenever possible, provide at least 7 days' notice before withdrawing consent for telepsychiatry so that the physician can help to facilitate a transition to face-to-face treatment.
- All rules and regulations which apply to the practice of medicine in New York State also apply to telepsychiatry.
- Patients may not record any telepsychiatry sessions without written consent from the physician. I understand that the physician will not record any telepsychiatry sessions without written patient consent.
- Patients must inform the physician if any other person can hear or see any part of a telepsychiatry session before the session begins. The physician will inform the patient if any other person can hear or see any part of the session before the session begins.
- Patients (and not the physician or staff) are responsible for the configuration of any electronic equipment used on their computers and smartphones which are used for telepsychiatry and patients are responsible for ensuring the proper functioning of all electronic equipment before each session begins.
- In the event of an equipment failure, part or all of the session may be conducted by telephone.
- The patient must keep an email address on file and by signing below give the physician and his staff permission to email the patient in the course of the professional relationship.
- The final decision about whether videoconferencing is an appropriate modality for any patient is at the physician's discretion.
- I agree to indemnify and hold harmless Alicia Salzer MD, the provider, from and against any and all losses, claims, damages, liabilities, costs and expenses, including reasonable attorneys' fees and expenses related to the defense of any claims (a "Loss"), which may be asserted against any of the Indemnified Parties in connection with this Agreement, from any Loss related to technical failures involved in the use of telemedicine.

Protocol for Telepsychiatry Sessions:

New Clients:

Prior to the first session you must complete and return several forms:

- 1) Telepsychiatry Informed Consent (This form)
- 2) Intake form. 2 pages including credit card information for billing, copays etc.
- 3) You must also email a copy of the front and back of your insurance card if you are using insurance
- 4) Dr Salzer must verify eligibility based on the above and verify you will be in the state of New York at the time of your session
- 5) Please inform Dr Salzer by email or text 1 day prior if your appointment will be virtual or in person so That we can have the office prepared in a timely manner.

Pre-existing Clients

Prior to the first session you must complete and return several forms:

Prior to the first session you must complete:

- 1) Telepsychiatry Informed Consent (This form)
- 2) Please inform Dr Salzer by email or text 1 day prior if your appointment will be virtual or in person so That we can have the office prepared in a timely manner.

Patient Consent To The Use of Telepsychiatry

I have read and understand the information provided above regarding telepsychiatry, have discussed it with my physician or such staff as may be designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telepsychiatry in my medical care. I hereby authorize my physician (Dr. Salzer) to use telepsychiatry in the course of my diagnosis and treatment.

Signature of Patient (or person authorized to sign for patient):

X _____ Date: _____

I have been offered a copy of this consent form (patient's initials) _____

