

# PSGP Psychiatric Clinicians

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25509 Kelly Rd, Ste A. Roseville, MI 48066 Office 586-252-2616

## TELEMEDICINE CONSENT FORM

Telepsychiatry and Teletherapy (telemedicine) are the delivery of psychiatric and/or therapeutic 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 client information and safeguard the data exchanged. There are requirements, potential benefits, potential risks, rights and responsibilities associated with telemedicine services. These services are not meant to replace in-person care but to enhance it.

### REQUIREMENTS:

- Patient must be an active established client with PSGP Psychiatric Clinicians and a resident of the State of Michigan.
- A computer with a web camera and microphone to video conference; iPad; tablet; cellular phone or other similar electronic device that is able to access Doxy.me or other similar HIPPA compliant online companies specializing in telemedicine.

### POTENTIAL BENEFITS:

Telemedicine provides convenience and increased accessibility to psychiatric care for patients who are unable to be treated face-to-face due to temporary circumstances such as physical limitation, being away at an in-state college or an extended stay away from home which prevents a patient from traveling to our office.

### POTENTIAL RISKS INCLUDE, BUT NOT LIMITED TO:

- Information transmitted may not be sufficient (e.g., poor resolution of video, internet connection) to allow for appropriate medical decision making.
- Psychiatric provider may not be able to provide medical treatment using interactive electronic equipment nor provide for or arrange for emergency care that you may require. • Delays in medical evaluation and treatment may occur due to deficiencies or failures of the equipment.
- Security protocols can fail, causing a breach of privacy of my 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.

### ALTERNATIVES TO THE USE OF TELEMEDICINE:

Traditional outpatient face-to-face sessions are the best alternatives to telemedicine services.

### RIGHTS:

- You have the right to revoke (withdraw) your consent to the use of telemedicine during the course of your care at any time in addition to opting out from receiving SMS messages or emails by calling the office.
- The laws that protect the privacy and confidentiality of medical information also apply to telemedicine.
- The Telemedicine technology used by PSGP Psychiatric Clinicians is HIPAA compliant and protected to prevent the unauthorized access of your private medical information, • The distribution or broadcasting of any personally identifiable images or information from the telemedicine interaction to researchers or other entities shall not occur without your written consent.

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- All the rules and regulations which apply to the practice of medicine in the State of Michigan also apply to telemedicine.
- You understand that any or all PSGP Psychiatric Clinicians, providers have the right to revoke (withdraw) consent for the use of telemedicine at any time during the course of your treatment if they feel that it is not safe or meets the professional standards of care.

## **RESPONSIBILITIES:**

- You will not record any telemedicine sessions without the consent from PSGP Psychiatric Clinicians and PSGP Psychiatric Clinicians will not record any of the telemedicine sessions without your consent.
- You will inform our clinicians if any other person can hear or see any part of the session before the session begins and PSGP Psychiatric Clinicians will inform you if any other person can hear or see any part of the session before the session begins.
- You understand that PSGP Psychiatric Clinicians determine whether or not the condition being diagnosed and/or treated is appropriate for telehealth sessions.
- You understand that if the telemedicine session is not deemed appropriate, the clinician may require a face-to-face visit in the office or refer you for a higher level of care such as partial hospitalization or inpatient services.
- You are responsible for the configuration of any electronic equipment used to access telemedicine prior to the start of the session.
  
- You understand every telemedicine session needs to be a scheduled appointment and will be held to the same policies as a face-to-face appointment. You are expected to be free of distractions during your session which includes driving a vehicle. All balances, copayments and or coinsurances will be collected when the appointment is scheduled. Missed calls will incur a No-Show Fee. Any calls made after the scheduled time may need to be rescheduled and may incur a Late Arrival/Cancellation Fee. Please refer to our Financial Policy for specific No Show and Late Cancellation charges.
  
- You understand that the office makes no guarantees that your insurance company will pay for these services in part or full. It is your responsibility to call and verify that Behavioral Telehealth services are a covered benefit under your plan.
  
- You will be responsible for payment of any non-covered charges, deductible, co-payment and co-insurance applied by your insurance company for telemedicine services. For your convenience, we have provided an insurance verification form so you may document your insurance benefits as quoted by your insurance company.
- You understand that telemedicine sessions will only be provided to established clients. Initial evaluations will not be done by telemedicine except in special circumstances under the clinician's discretion. Also, the identity of the client has been verified to the satisfaction of the clinician prior to the evaluation.
- You understand that you must be a resident of the State of Michigan to be eligible for telemedicine services from our office.

## **CONSENT FOR TELEMEDICINE SESSIONS:**

- You consent to receive SMS messages from Doxy.me and other HIPAA compliant appointment / task reminder service providers (data and messaging rates may apply) and email messages.
- You consent to PSGP Psychiatric Clinicians to use telemedicine in the course of your diagnosis and treatment.
- Your signature below indicates that you have read and understand the information provided above regarding telemedicine services.