

Information and Consent Form for Video-Visit-Appointment

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Patient's Name

Date

Introduction

Telepsychiatry is the delivery of psychiatric services using interactive audio and visual electronic systems where the patient and the psychiatrist are not in the same physical location. I understand that this consultation will not be the same as a direct patient/psychiatrist visit. Telepsychiatry will allow me to receive medical care without the need to visit the office and travel long distances. The interactive electronic systems used in telepsychiatry are known to incorporate network and software security protocols to protect the confidentiality of information and audio/visual data. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption of data.

Potential Benefits

- Increased accessibility to psychiatric care
- Patient 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) to allow for appropriate medical decision making by Dr. Paolone.
- Dr. Paolone may not be able to provide medical treatment to me using interactive electronic equipment nor provide for or arrange for emergency care that I may require.
- Delay's 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 Telepsychiatry

- Traditional face-to-face session in Dr. Paolone's office.

Introduction

- I understand that the laws that protect the privacy and confidentiality of medical information also apply to telepsychiatry.
- I understand that the technology used by Dr. Paolone is encrypted to prevent the unauthorized access to my medical information.
- I have the right to withhold or withdraw my consent will not affect any future care or treatment.
- I understand that Dr. Paolone has the right to withhold or withdraw consent for the use of telepsychiatry during the course of my care at any time.
- I understand that the rules and regulations which apply to the practice of medicine in the state of Ohio also apply to telepsychiatry.

My Responsibilities

- I will not record any telepsychiatry sessions without written consent from Dr. Paolone.
- I understand that Dr. Paolone will not record any of our telepsychiatry sessions without my written consent.
- I will inform Dr. Paolone if any other person can hear or see any part of our session before the session begins. Dr. Paolone will inform me if any if any other person can hear or see any part of our session before the session begins.
- I understand that I, not Dr. Paolone, am responsible for the configuration of any electronic equipment used on my computer for telepsychiatry. I understand that is my responsibility to ensure the proper functioning of all electronic equipment before my session begins.
- I understand that I am physically located in the state of Ohio during the session.
- *If you are an established patient:* I understand that my initial evaluation will not be done by telepsychiatry and that we will meet face-to-face at least once a year.
- *If you need an expert opinion (examination & report):* I understand that there no prescribing of medications is possible.

Patient Consent To the Use of Telepsychiatry

I have read and understand the information provided above regarding telepsychiatry, have discussed it with Dr. Paolone 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 and authorized Dr. Paolone to use telemedicine in the course of my diagnosis and treatment. If for any reason/s, telepsychiatry will not work for my treatment, then I will need to come to the office for ongoing evaluations and treatments.

If Dr. Paolone feels the doctor-patient relationship has been compromised for any reason, he reserves the right to terminate treatment. After that, he will give names of other psychiatrists and provide you with limited amounts of medication for a limited period of time (unless you have been abusing your medication). If you feel he is not helping you, please feel free to ask him for a referral to another psychiatrist.

During the Covid-19 crisis we may communicate through non HIPAA approved means, such as Facetime, Google duo etc.

Please sign and date below to acknowledge these terms and Dr. Paolone's Notice of Privacy Practices.

Your E-Mail-Address (Please Print)

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

If authorized signer, relationship to patient: