

Frederick Psychological Services

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CONSENT TO PARTICIPATE IN A TELEMEDICINE VIRTUAL VISIT AND HIPAA AUTHORIZATION

OVERVIEW: To better meet the needs of our patients during Covid-19, **Frederick Psychological Services** will offer telemental virtual visits (also referred to as teletherapy, telemedicine or telehealth). During telemedicine virtual visits, your provider uses 2-way, live video for communication. We cannot guarantee that services via telehealth will continue after this health emergency has abated

BENEFITS OF USING THE SERVICE

- a. It offers more ways to connect with my provider since these visits do not need to be in person.
- b. It allows me to get timely and convenient assistance from my provider.

POTENTIAL RISKS OF USING THE SERVICE

As with any behavioral health intervention, there are potential risks that come with virtual visits. These risks may include, but are not limited to:

Technical issues: A poor Internet connection may reduce my provider's ability to continue the session, or may cause delays in the session.

Information security: I understand that telemental health is performed over a secure communication system that is almost impossible for anyone else to access, but because there is still a possibility of a breach, I accept the very rare risk that this could affect confidentiality.

NOTICE OF PRIVACY PRACTICES

The laws protecting privacy and the confidentiality of medical information during an office visit also apply to telemedicine virtual visits. I can request a copy of my provider's Notice of Privacy Practices. By signing this authorization, I acknowledge the receipt of my provider's Notice of Privacy Practices.

I understand that none of the telemental health sessions will be recorded or photographed by my therapist without my written permission, and I understand that I may not record or photograph any of my telemental health sessions without the written permission of my therapist.

PRIVACY AND SECURITY

The telemedicine virtual visit service follows patient privacy and confidentiality laws about protected health information (PHI) as outlined by the Health Insurance Portability and Accountability Act (HIPAA). These laws require my provider to get my authorization before sharing identification information to a third party for purposes other than treatment, payment or health care operations.

- a. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. Although unlikely, I am aware of the potential risk for PHI to be re-disclosed by the recipient, and no longer protected by the Privacy Rule under HIPAA.

- b. I understand that my choice to not participate in the telemedicine virtual visit will not interfere with any current or future care that I or my family receives from **Fredericks Psychological Services**, and there will be no penalty or loss of benefits.
- c. I understand that if there is an emergency during a telemental health session, then my therapist will call emergency services and my emergency contacts
- d. I understand that I may revoke this Authorization in writing; however, information during my visit that has already been transmitted prior to my decision to withdraw may not be able to be deleted and/or removed.
- e. I understand that I may take back my consent to participate in a telemedicine virtual visit at any time by telling my health care provider verbally or in writing. As long as this consent is in effect, my provider may provide services to me through a telemedicine virtual visit without me signing another consent form.

PATIENT REPRESENTATIVE/PATIENT SIGNATURE

I agree to participate in a Telemedicine Virtual Visit with **Frederick Psychological Services** and authorize my provider to use virtual visit services for direct consultation via 2-way, live video communication technology to assist in making decisions about my care. I have read this document carefully and understand the benefits and risks of telemedicine virtual visits. All of my questions have been answered. This Authorization does not have an expiration date.

Patient's Signature

Name (printed) Time and Date