

IH&WB Telehealth Consent Form

Innovative Health and Well-Being PLLC

Melissa Gregory, PMHNP-BC

1 Walpole Street, 2nd Floor Suite 5, Norwood MA 02062

Phone +1 (781) 739-2959 ext 100 Fax:1 (781) 739-2994

mgregory@innovativehealthandwellbeing.com

Patient's Name: _____ Date of Birth: _____

Information and Consent of TeleHealth Treatment

This Informed Consent for Telehealth Treatment document contains important information about telehealth treatment using video and audio technology. Please read this document in its entirety and let me know if you have any questions.

Benefits and Risks of Telehealth: Telehealth refers to providing psychopharmacological medication management and/or psychotherapy services remotely using video and audio telecommunications technology. One benefit of telehealth is that the patient and provider can engage in services without being in the same physical location. This arrangement can be useful if it is physically impossible for the patient to get to the office, if the provider is away from the office for an extended period of time, or if it is not safe for either party to meet in person, as in the case of inclement weather. Despite this benefit, there are some differences between in person visits and telehealth visits, as well as some risks. e.g.

Risks to confidentiality: Using a technological device to have our appointment creates the potential for other people to overhear or illegally access our private conversation. State regulations mandate that I remain in a private location with no other parties accessing the space for the duration of the appointment. Likewise, you should find a private place for our visit where you will not be interrupted, and others will not listen in

Issues related to technology: Telehealth requires technical competence on both our parts to be effective. There are many ways that technology issues might impact telehealth sessions. e.g. Technology may stop working during a visit or the quality of the video call may make it difficult to

understand each other.

Crisis management and intervention: If a crisis arises, we may both agree to utilize telehealth services for the initial and immediate assessment of the situation. However, if the crisis is not easily resolved, I may require an in-person visit, or I may direct you to call 9-1-1 or to go to your nearest Emergency Department.

Telehealth Communication Platform:

Phone calls without video are not considered appropriate telehealth visits. At this time, I utilize a video service integrated into my Electronic Health Records, and which is specifically designed for healthcare, called Doxy. This service is free for you to use, compliant with all healthcare privacy requirements, and web-based (there is no program or app to download). Doxy can be accessed using your phone, tablet, or computer. You will receive an email and/or text message reminder 24 hours prior to your appointment which will include the telehealth link. You can also access Doxy and your telehealth appointment through the patient portal.

Confidentiality:

It is my legal and ethical responsibility to protect all communication that is a part of your treatment, to the best of my ability. However, I cannot guarantee that our communication will be kept confidential or that other people may not gain access to our communication, as outlined above. I will always use password protection for my computer, ensure my computer is updated regularly, and utilize network firewalls to minimize the risk of any unauthorized access to my computer. You should also take reasonable steps to ensure the security of our communications (e.g. only using secure, private networks for telehealth visits, and having passwords to protect the device you use for our sessions).

Sessions:

Telehealth sessions require you to devote the same attention to the appointment as you would during an in-person appointment. This means you cannot engage in other activities (i.e., driving, working) during the visit. If I feel that you are too distracted to conduct the visit, I will reschedule the appointment and you will be charged a No Show fee. Please see the fee schedule.

Problems with Technology:

If the session is interrupted for any reason, such as a network connection failure, please try to reconnect to the video service. If you are unable to reconnect (i.e., the power goes out at your location, or your computer shuts down), I will contact you via telephone to either complete the

session without video or reschedule the session. It is your responsibility to test out your connection and address any technological issues on your end prior to the appointment.

Fees:

The same copay/coinsurance/deductible rates apply for telehealth sessions as for in-person visits.

Documentation and Recording:

The telehealth visits will NOT be recorded in any way unless agreed to in writing by mutual consent.

I will continue to document our telehealth visits in the same way as I maintain your chart for in-person visits, in accordance with my policies.

Informed Consent

By signing below indicates your agreement with this document's terms and conditions.

_____Date:

Patient's Signature

Parent/Guardian signature if patient is under the age of 18 years old