

Maurie Mintz, M.D., L.L.C.

1784-A Century Boulevard

Atlanta, GA 30345

404-795-2097

Patient Information and Informed Consent for Telepsychiatry Services

Telepsychiatry is the delivery of psychiatric (or psychotherapeutic) services using interactive audio and visual 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 patient information and safeguard the data exchanged.

Requirements: A computer and a webcam with a microphone to video conference using a HIPAA compliant online company specializing in telemedicine.

Potential Benefits: Convenience and increased access to psychiatric care for individuals who are unable to be treated face to face due to temporary circumstances.

Potential Risks: Difficulties with hardware, software, equipment, and/or services provided by a 3rd party may result in service interruptions. Dr. Mintz makes no guarantee that such services will be available or work as expected. If something occurs to prevent or disrupt any scheduled appointment due to technical complications and the session cannot be completed via online video conferencing, Dr. Mintz will call the patient back at the phone number provided on this form.

Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate medical decision making by Dr. Mintz. Dr. Mintz may not be able to provide treatment using interactive electronic equipment nor provide for emergency care that the patient may require in cases of connection failure. Delays in medical evaluation and treatment may occur due to deficiencies or failures of the equipment. A lack of access to all of the information that might be available in a face to face visit may result in errors in medical judgment.

Security protocols can fail, causing a breach of privacy of confidential medical information.

My Rights: I understand that the laws that protect the privacy and confidentiality of medical information also apply to telepsychiatry, and that the technology used by Dr. Mintz is encrypted to prevent the unauthorized access to my private medical information. I have the right to withhold or withdraw my consent to the use of telepsychiatry during the course of my care at any time. Withdrawal of my consent will not affect any future care or treatment. Dr. Mintz has the right to withhold or withdraw her

consent for the use of telepsychiatry during the course of my care at any time. I understand that the rules and regulations that apply to the practice of medicine in the state of Georgia also apply to telepsychiatry. Dr. Mintz will not record any of our telepsychiatry sessions without my consent. Dr. Mintz will not allow any other individual to listen to, view, or record my telepsychiatry session without my express written permission.

My Responsibilities: I take full responsibility for the security of any communications or treatment information involved with my own computer and with my own physical location. It is my responsibility to maintain the strict confidentiality of my user ID and password and I will not allow another person to use my user ID to access the services. I understand that I am responsible for using this service in a secure and private location so that others cannot hear my conversation. I understand that the company that Dr. Mintz has chosen to conduct the online services is an independent company specializing in HIPAA compliant telemedicine. Dr. Mintz has no responsibility for that company's operations or security of my protected health information. In addition, the company might send me emails or communication. I understand that Dr. Mintz is not responsible for this communication. If I am receiving unwanted communication from the company, I will contact the company directly and address my concerns with them.

I will not record any telepsychiatry sessions without written consent from Dr. Mintz. I will inform Dr. Mintz if any other person can hear or see any part of our session before the session begins. I understand that I am responsible for providing and configuring any electronic equipment used on my computer which is used for telepsychiatry. It is my responsibility to ensure the proper functioning of all electronic equipment before my session begins and I agree to revert to a telephone voice session utilizing the indicated backup telephone number provided below should a video connection fail.

I have read and understand that all of the policies/procedures of Maurie Mintz, M.D., L.L.C. apply to all telepsychiatry as well as face to face visits.

I understand that I agree to be seen in person at least once a year (and more often if recommended) to maintain therapeutic services and a provider/patient relationship.

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I consent to paying fees that are the same as an office visit for the type and length of service provided. I understand that a telepsychiatry appointment is scheduled the same as an office appointment would be, and should I not be available for the appointment or cancel it less than 24 hours in advance, I will be charged the full amount of the appointment.

I have read and understand the information provided regarding telepsychiatry. I have been given the opportunity to ask questions about this process. I give my informed consent for the use of telepsychiatry in my medical care and authorize Dr. Maurie Mintz to use telepsychiatry in the course of my diagnosis and treatment.

Patient Name: _____

Date of Birth: _____

Address: _____

Patient's preferred email address: _____

Patient's backup telephone contact: _____

Alternate contact: _____

Patient Signature: _____