

Dear Patients and Families:

We hope you and your family are managing well enough during this challenging time of the Covid-19 pandemic. Let us know if there is anything we can do to support you.

We are continuing to work by having "visits" by telephone and soon by video conference as well. At this time, we are not seeing patients in person and are unsure how long this situation will last. Attached you will find a consent form for this change. Naturally, consent forms partly address legal issues; hopefully we've kept the legalese to a minimum. Please ask us any questions regarding this consent agreement.


For now, we are calling everyone a day or so before the next visit to check in and answer any questions. Feel free to call us anytime. We will initiate visits for the phone calls; we will probably initiate the video visits with a phone call as well, but this may evolve. We'll be explaining some of the details about video visits to you by phone. We are planning to use doxy.me which is HIPAA compliant.


We've called insurers to determine how they will handle these kinds of virtual visits. Almost all are going to pay for the audio or video visit with the same kind of charges we use for in person visits (except Moda which we know will only cover video enabled telemedicine visits). Thus, we believe your financial responsibility for copays, co-insurance, and deductibles will be the same. You may confirm this.

Ahead of our call, consider whether you'd like to continue visits in this "telemedicine" format, which format you prefer (phone/video) and what length of visit you believe will work best. We will do our best to consider how the virtual format will impact the current treatment plan and how to best address all disadvantages or risks of this change in format. As we get started, we will also continue to assess treatment effectiveness and welcome your thoughts as well. Certainly, the decision to continue with virtual visits may be a different decision for different families; we want to be clear that we support whatever decision you make and that we will be available to you after this telemedicine phase in either case.

In order to consider the video-conferencing format it may be helpful to know that doxy.me requires a smart phone or computer with at least 2MBPS download/upload speed, microphone & speakers, updated chrome or Firefox browser, the latest operating system (e.g., Windows 10 or MacOS Catalina), Javascript enabling (this is enabled by default, and we'll give you a message in Doxy.me that you need to enable it) and that TCP ports 80 and 443 are open (which are sometimes closed for firewall). See doxy.me minimum system requirements online for more information. Again, we welcome your questions about this transition and hope to help in any way we are able during this unprecedented time.

Sincerely,


Julie Evans Bingham, PhD
Licensed Clinical Psychologist


Richard Bingham, MD
Board Certified Psychiatrist

TELEMEDICINE INFORMED CONSENT AGREEMENT for: _____
(Patient Name)

Prior to starting audio and/or video visits for mental health treatment, we discussed and agreed to the following:

- This telemedicine service delivery method is expected to be effective for your mental health needs, but **you may reconsider telemedicine at any time** without limiting future treatment options here. We will **regularly reassess the appropriateness of continuing telemedicine, support all discussions** you want to have (e.g., effectiveness, comfort) and **support your option to seek alternative services** at any time.
- There are **potential risks** of audio/telephonic & video-conferencing that differ from in-person sessions (e.g. breach of patient confidentiality; audio/video transmission disruption; information presentation issues, lack of proximity in an emergency; less timely provision of paperwork due to remote access, etc).
- **Confidentiality still applies** for telemedicine services, and **nobody will record** the session without the permission from the other person(s). **Use a secure internet connection** rather than public/free WIFI. You will need to use a **webcam or smartphone** during the session. Please consider data allotment; we are not responsible for overage charges on data plans. After the agreed upon audio (telephone) or video-conferencing (e.g., Doxy.me) platform is selected for our virtual sessions, **we will explain how to use it**.
- Doxy.me & telephone are **HIPAA compliant**, but our email is not. As per HIPAA security practices, we reevaluate this annually, inform before using, and have **regular mail** as an alternative, at your discretion.
- Please ensure you are able to **be in Oregon** for our session; we do not provide interjurisdictional service.
- We agree to do our best to contact you on time for the session, but anticipate a learning curve. You may call office staff for an update; if you need to change your appointment, please notify staff in advance.
- Please utilize a **quiet space, free of distractions, and plan for the privacy you want** in your setting.
- In case of **technical problems**, provide alternate PHONE(s): _____
- For a **safety plan** to use in the event of a crisis, CLOSEST ER: _____
EMERGENCY CONTACT(s): _____
- **Confirm coverage** for **telemedicine visits** with your insurance company and mail copay check or call in separately for credit card payment; if the session is not reimbursed, you are responsible for full payment.
- By signing below, I verify that I understand and consent to this added agreement (previous agreements still apply). If you are not an adult, we also need the permission of your parent/legal guardian:

Sincerely,
Richard Bingham, M.D.
Board Certified Psychiatrist

Sign & Date (self): _____

Sign & Date (guardian): _____