

Telehealth Informed Consent

Introduction

With advances in communication technology, the field of telehealth has evolved. Sunstone Psychiatric, LLC is offering telehealth, including telepsychiatry and/or teletherapy which allows patients to access mental health care using audio-video interface such as videoconferencing.

Potential Benefits:

- Increased accessibility to mental health care
- Patient convenience

Potential Risks:

As with any procedure or intervention, there are potential risks associated with the use of telehealth. These risks include, but may not be limited to:

- Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate decision-making by your clinician (therapist, psychiatric nurse practitioner).
- Your clinician may not be able to provide medical treatment using interactive electronic equipment nor provide for or arrange for emergency care that you may require.
- Delays in evaluation and treatment may occur due to deficiencies or failures of the equipment.
- Security protocols can fail, causing a breach of privacy of confidential health information.
- A lack of access to all the information that might be available in a face to face visit, but not in a telehealth session, may result in errors in judgment.

Alternatives to the Use of Telehealth:

- Traditional face-to-face sessions in your clinician's office.

Patient Rights

- I understand that the laws that protect the privacy and confidentiality of medical information also apply to telehealth.

- I have the right to withhold or withdraw my consent to the use of telehealth during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment.
- I have the right to inspect all medical information that includes the telehealth visit. I may obtain copies of this medical record information for a reasonable fee.
- I understand that my clinician has the right to withhold or withdraw consent for the use of telehealth during the course of my care at any time.
- I understand that the laws that protect the privacy and confidentiality of medical information also apply to telehealth.
- I understand that all rules and regulations that apply to the provision of mental health services in the State of Oregon also apply to telehealth.

Patient Responsibilities

- I will not record any telehealth sessions without written consent from my clinician. I understand that my clinician will not record any of our telehealth sessions without my written consent.
- I will inform my clinician if any other person can hear or see any part of our session before the session begins. The clinician will inform me if any other person can hear or see any part of our session before the session begins.
- I understand that I, not my clinician, am responsible for the configuration of any electronic equipment used on my computer that is used for telehealth. I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins. I understand that I must be a resident of the State of Oregon to be eligible for telehealth services from my clinician.
- I understand that my initial evaluation will not be done by telehealth except in special circumstances under which I will be required to verify my identity.

Patient Consent To The Use of Telehealth

By electronically signing this document, I acknowledge that I have read and understand the information provided above regarding telehealth. I have discussed it with my clinician and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telehealth in my health care and authorize Sunstone Psychiatric, LLC to use telehealth in the course of my diagnosis and treatment.

A copy of this consent form is available upon request.