

Integration Mental Health Informed Consent for TelePsychiatry

Telehealth (telemedicine/ tele psychiatry) involves the use of electronic (2 - way audio/ video) communications to enable healthcare providers to provide medical/ mental health/ psychiatric services with individuals at settings other than traditional, in person, office settings.

Potential Benefit(s):

- improved access to medical/ mental health /psychiatric care
- more efficient evaluation and management
- reduced exposure to potential viruses/ illnesses / other environmental hazards
- convenience

Potential Risk(s):

- poor transmission of information /technical failures (such as poor connectivity)

By signing this form, I understand the following:

- that the laws that protect privacy and confidential of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to other entities without my consent
- that I have the right to withhold/ withdraw my consent to the use of telemedicine in the course of my care at any time.
- that I have the same right to access my medical records as in accordance with office visit notes and in accordance to State laws.

I have read and understand the information provided regarded use of telehealth.

I authorized Susan Ponder/ Integration Mental Health to use telehealth in the course of my diagnosis and treatment.

Signature of Patient or authorized patient representative/ guardian:

Printed Name: _____

Relationship to Patient:

Witness: