

# Florida Psychiatric Services

## Telepsychiatry Informed Consent

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### Introduction

Telepsychiatry is the form of telemedicine that allows patients to access psychiatric care using interactive video and audio communications (including, but not limited, to video, phone, and email). Telepsychiatry includes the practice of psychiatric health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data. Florida Psychiatric Services utilizes secure, encrypted, and HIPAA compliant audio/video transmission software to deliver telepsychiatry.

### Possible Risks:

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

- In rare cases, information transmitted may not be sufficient (e.g., poor resolution of images) to allow for appropriate medical decision making by the physician and consultant(s).
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.
- By signing this form, I understand the following:
- I understand that the laws that protect privacy and the confidentiality of medical information also apply to telepsychiatry, and that no information obtained in the use of telepsychiatry which identifies me will be disclosed to researchers or other entities without my consent.
- I understand that I have the right to withhold or withdraw my consent to the use of telepsychiatry in the course of my care at any time, without affecting my right to future care or treatment.
- I understand that I have the right to inspect all information obtained in the course of a telepsychiatry interaction and may receive copies of this information for a reasonable fee.
- I understand that a variety of alternative methods of psychiatric care may be available to me, and that I may choose one or more of these at any time.
- I understand that it is my duty to inform my psychiatrist of any other healthcare providers involved in my medical/psychiatric care.
- I understand that I may expect the anticipated benefits from the use of telepsychiatry in my care, but that no results can be guaranteed or assured.
- There is a risk of being overheard by persons near me and that I am responsible for using a location that is private and free from distractions or intrusions.
- In the event audio/video services are unavailable or interrupted for any reason, the session can occur over the telephone. If I, as the client, would prefer not to utilize telephone for the session, I can communicate this to my psychiatrist and have that appointment rescheduled.
- I understand that telephone may not be an encrypted form of electronic communication, and by agreeing/requesting to utilize it for service delivery, I am responsible for confidentiality in my own environment.
- The laws, ethics and professional standards that apply to in-person psychiatric services also apply to services delivered by electronic means. This document does not replace other agreements, contracts, or documentation of informed consent covering other issues. If you want licensing information on your prescriber, you can find it at Florida's licensing board website at <https://mqa-internet.doh.state.fl.us/MQASearchServices/HealthCareProviders>. Psychiatric statutes, rules and other

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helpful information may be found on the Florida State Medical Board's website at [www.flboardofmedicine.gov](http://www.flboardofmedicine.gov).

**Payment for Telepsychiatry Services**

Florida Psychiatric Services will bill insurance for telepsychiatry services when these services have been determined to be covered by an individual's insurance plan. Copays will be the individual's responsibility. In the event that insurance does not cover telepsychiatry, the individual wishes to pay out-of-pocket, or when there is no insurance coverage, a prompt pay discount is available. We will provide you with a statement of service to submit to your insurance company if you wish. Prompt pay service can be discussed with our billing department at 772-400-2875.

**Patient Consent To The Use of Telepsychiatry**

By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital or crisis-oriented healthcare facility in my immediate area.

If a crisis arises during a telepsychiatry session, my medical provider may be required to alert local authorities for intervention. These details will also be verbally reviewed by my medical provider at the start of telepsychiatry services.

I have read and understand the information provided above regarding telepsychiatry, have discussed it with my medical provider or such assistants as may be designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telepsychiatry in my medical care.

I hereby authorize the prescribers of Florida Psychiatric Services to use telepsychiatry in the course of my diagnosis and treatment.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date