

Telehealth Informed Consent Form for the Public Health Emergency And Precautions To Prevent spread of COVID-19

Telehealth or telepsychiatry is the delivery of psychiatric services to address a patient's psychiatric needs, using interactive electronic communications systems, where the psychiatrist and the patient are not in the same physical location. This approach is being considered in at present, after taking into account the risk/benefits of the public health crisis of COVID-19 and the risk of spreading the virus. Telehealth will occur primarily through HIPAA compliant interactive audio, video, telephone and/or other audio/visual communications. Clinicians need to be licensed in the state where the patient they are seeing is located. States determine whether and under what circumstances a healthcare provider is authorized to provide services in the state, including whether services can be provided during an emergency without a license from that state.

Telepsychiatry Benefits: Increased accessibility to psychiatric care. Patient convenience. Potential Telepsychiatry Risks: Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate medical decision-making by my psychiatrist. Delays in psychiatric evaluation and treatment could occur due to deficiencies or failures of the equipment. Security protocols can fail, causing a breach of privacy of my confidential medical information. In rare cases, a lack of access to all the information that might be available in a face-to-face visit, but not in a telepsychiatry session, could result in the omission of care involving other health problems or possible adverse drug interactions

I understand that telehealth services may include evaluation, consultation, treatment planning, as well as psychological counseling. I understand the above-mentioned benefits and risks associated with telehealth. In addition, I understand that telehealth- based services may not be as comprehensive as in-person services. I understand that the laws that protect the confidentiality of my personal and medical information also apply to telehealth. I understand there are legal exceptions that include, but not limited to child or adult abuse, court orders or subpoena or danger to self or others.

I understand that I have the right to withhold or remove consent at any time without affecting my right to future care or treatment. I understand that my psychiatrist has the right to withhold or withdraw her consent for the use of telepsychiatry at any time during the course of my care.

By signing this document, I agree that certain situations including emergencies and crises are inappropriate for audio, video and/or computer-based psychological or psychiatric services. If I am in crisis or I am experiencing a medical or psychiatric emergency, I should immediately call 911 or go to the nearest hospital or crisis facility. I understand that emergency situations may include having serious thoughts about hurting or harming myself or others, having uncontrolled psychotic or manic symptoms, experiencing a life threatening or emergency situation, abusing drugs or alcohol or experiencing other concerns which may present a risk to my safety.

My Responsibilities:

- (1) I understand that I must be physically within Michigan to be eligible for telepsychiatry. I understand that my psychiatrist can send prescriptions for medications only to Michigan pharmacies or addresses. I will inform my psychiatrist as soon as my session begins of my physical location.
- (2) I will ensure the proper configuration and functioning of all my electronic equipment prior to my session including making sure it has a working camera and audio input so that my psychiatrist can see and hear me in real time.
- (3) I am responsible for finding a private and quiet location where my session may be conducted uninterrupted. I will ensure the confidentiality of my internet or Wi-Fi connectivity and the security of my electronic device.
- (4) I will not record any telepsychiatry sessions without written consent from my psychiatrist, and I understand that my psychiatrist will not record any of our telepsychiatry sessions without my written consent.
- (5) I will inform my psychiatrist as soon as my session begins if any other person can hear or see any part of our session.
- (6) If I lose my connection during a session, I will wait for my psychiatrist to contact me on the telehealth set up for 2 minutes. If the connection is lost and session cannot be completed, I will call Ashwini Gulwadi PLLC to schedule a new appointment.
- (7) If the audio I am receiving during a telepsychiatry session is not complete and clear, I will attempt to let my psychiatrist know or telephone Ashwini Gulwadi, PLLC to schedule a new appointment.

I hereby give my consent for the use of telepsychiatry in my medical care and authorize my psychiatrist to use telemedicine in the course of my diagnosis, medical decision making and treatment. I agree to hold Ashwini Gulwadi, PLLC or Dr. Gulwadi harmless from injuries or omissions that may be related to the malfunction or technical failure of equipment or system encryption.

I have read and understand the above information and agree to participate in telehealth services with Ashwini Gulwadi, MD

Client/ Patient Name: _____

Client/ Patient Signature: _____ Date: _____