

## TELEPSYCHIATRY CONSENT FORM

Telepsychiatry provides psychiatric services using interactive video conferencing tools in which the psychiatrist and the patient are not at the same location. Telepsychiatry will allow the patient to receive medical care without the need to visit the office or travel long distance. Potential risks include, but may not be limited to: information transmitted may not be sufficient (poor resolution of video); delays in medical evaluation and treatment due to deficiencies or failures of the equipment; security protocols can fail, causing a breach of privacy; and a lack of access to all the information available in a face to face visit may result in errors in medical judgment. Alternatives to telepsychiatry include traditional face to face sessions.

### **MY RIGHTS:**

1. I understand that the laws that protect the privacy and confidentiality of medical information also apply to telepsychiatry.
2. I understand that the telemedicine platform (doxy.me) is known to incorporate network and software security protocols to protect the confidentiality of information and audio/visual data. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption. You can review the security features of doxy.me at <https://help.doxy.me>
3. I have the right to withdraw my consent to the use of telepsychiatry during the course of my care at any time.
4. I understand that Dr. Hall has the right to withhold or withdraw consent for the use of telepsychiatry during the course of my care at any time.
5. I understand that all rules and regulations that apply to the practice of medicine in the State of California also apply to telepsychiatry. As of January 2020, the restriction from prescribing controlled substances without an in-person visit has been waived by the FDA. When this restriction goes back into effect, no controlled substances will be prescribed without an in-person visit.

### **MY RESPONSIBILITIES:**

1. I will log in to Dr. Hall's virtual waiting room (<https://doxy.me/drhall92064>) at or before my scheduled appointment time. There is not a prompt or invitation to log in, though office staff typically send appointment reminders before the appointment. Failure to log in during the appointment time will be considered a no-show to the appointment and charged accordingly. I will ensure that I have an adequate internet connection and equipment to do the video visit before the appointment.
2. I will conduct the visit from a safe, secure location that meets my personal needs for privacy of the visit. If I am in a vehicle, it will be stationary (parked) and I will inform Dr. Hall of my location at the start of the visit.
3. I will not record any telepsychiatry sessions without the prior written consent of Dr. Hall and I understand that Dr. Hall will not record telepsychiatry sessions without my consent.
4. For privacy protection, I will inform Dr. Hall if any other person can hear or see any part of our session before the session begins. Likewise, Dr. Hall will inform me if any other person can hear or see any part of the session before the session begins.
5. I understand that I MUST be a resident of California to be eligible for telepsychiatry services from Dr. Hall.

My signature below indicates that I have read and understand the information provided above regarding telepsychiatry, and that I authorize Dr. Joshua M.H. Hall, M.D., Ph.D. to use telepsychiatry for diagnosis and treatment. Logging in to Dr. Hall's waiting room on doxy.me also signifies consent to telepsychiatry as outlined above.

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Patient Signature

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Date