

Video visits

William Beckett & Associates

Information and Consent Form for Video-Visit Appointment

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Client Name _____ Date _____

Introduction

Telemental health is the delivery of evaluations, psychotherapy and/or medication management using interactive audio and visual electronic systems when the client and the Clinician are not in the same physical location. Telemental health will allow me to be involved in treatment without visiting the office, unless I choose to use a computer available in the office. The interactive electronic systems used are known to include network and software security protocols to protect the confidentiality of information and data. This includes measures to safeguard data and to protect against intentional or unintentional corruption of data.

Potential Benefits

- Increased accessibility to treatment
- Client convenience

Potential Risks

As with any treatment, there may be potential risks associated with using telemental health. These risks include but may not be limited to:

- Information transmitted may not be sufficient (poor resolution) to allow for appropriate decision making by Clinician
- Delays in treatment may occur due to deficiencies or failure of equipment
- Security protocols may fail, causing a breach of confidentiality
- Lack of access to all the information available in face to face visit but in video visits may result in error

Alternatives to use of telemental health

- Traditional face to face sessions

My Responsibilities

I understand that laws which protect my privacy and confidentiality of information also apply to video appointments

I understand that SKYPE technology used is encrypted to prevent unauthorized access

I have the right to withhold or withdraw my consent and this will not affect future treatment

I understand that the Clinician has the right to withhold or withdraw consent for the use of video visits any time during my treatment

I understand that the rules and regulations which apply to the practice of the Clinician in Ohio also apply to video sessions.

I agree that

I will not record and telemental health sessions without written consent from the clinician

The Clinician will not record any of the sessions without my written consent

I will inform the clinician if any other person can see or hear any part of our session before the session begins

I am responsible for the configuration of any electronic equipment used on my computer and that I will ensure the proper functioning of all equipment before the session begins.

I will be physically located in the state of Ohio for sessions

I will be an established client before having a video session

Fees

Same fees including co-pays as face to face sessions

Billing will occur through NEOMED and clients will receive bill in mail unless otherwise agreed upon

Scheduled sessions not attended or not cancelled within 24 hours will cost \$50.00

Client consent to the use of telemental health

I have read and understand the information provided above regarding telemental health sessions, have discussed this with my clinician and any questions have been answered to my satisfaction. I give my informed consent for the use of telemental health in the course of my treatment. If for any reason/s, telemental health sessions will not work for my treatment, then face to face sessions will continue.

If the clinician believes that the professional relationship has been compromised for any reason, she/he reserves the right to terminate treatment. After that, names of other providers will be given to you . If you feel you are not being helped, please feel free to ask for a referral to another provider.

Please sign below to acknowledge your agreement to these terms as well as the notice of privacy policies provided.

Your e-mail account_____

Your SKYPE account name (please print)_____

Signature of client or person authorized to sign_____Date_____

If authorized signer, relationship to client_____

Signature of clinician_____Date_____