



# Your Family Psychiatrist

## TELEPSYCHIATRY/TELECOUNSELING INFORMED CONSENT

Telepsychiatry/telecounseling is the delivery of psychiatric/counseling services using interactive audio and visual electronic systems where the psychiatrist/counselor and the patient are not in the same physical location. Your Family Psychiatrist, PLLC allows its psychiatrists to perform telepsychiatry, however your psychiatrist may not be able to prescribe controlled substance medications until after a face-to-face appointment. Your Family Psychiatrist predominantly uses Doxy.me, LLC to provide telepsychiatry/telecounseling services, but your psychiatrist/counselor may use an appropriate alternative if there is a poor connection or error. The interactive electronic systems used by Doxy.me incorporate network and software security protocols to protect the confidentiality of patient information and audio/visual data. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

### Potential Telepsychiatry/Telecounseling Benefits:

- Increased accessibility to psychiatric/counseling care.
- Patient convenience.

### Potential Telepsychiatry/Telecounseling Risks:

- Information transmitted may not be sufficient (e.g., poor resolution of video) to allow for appropriate medical decision-making by my psychiatrist/counselor.
- Delays in psychiatric/counseling 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.

If I decide that the benefits outweigh the risks, I may request telepsychiatry/telecounseling sessions. If my psychiatrist/counselor agrees, I will be scheduled for a telepsychiatry/telecounseling session, and I will be sent an internet link (to <http://Doxy.me>) with instructions to log into the “waiting room” immediately prior to my scheduled appointment.

### My Rights:

- (1) I understand that all laws protecting the privacy and confidentiality of medical information also apply to telepsychiatry/telecounseling.
- (2) I understand that all the Texas rules and regulations which apply to psychiatry/counseling also apply to telepsychiatry/telecounseling.
- (3) I understand that my psychiatrist/counselor has the right to withhold or withdraw consent for the use of telepsychiatry/telecounseling at any time during the course of my care.
- (4) I understand that I have the right to withhold or withdraw my consent for the use of telepsychiatry/telecounseling at any time during the course of my care, and withdrawal of my consent will not affect any future care or treatment from my psychiatrist/counselor.

### My Responsibilities:

- (1) I understand that I must be physically within Texas (including offshore State waters) to be eligible for telepsychiatry/telecounseling, and my psychiatrist can send prescriptions for medications only to Texas pharmacies or addresses. I will inform my psychiatrist/counselor 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 because the computer, tablet, or mobile telephone I use must have working camera and audio input so that my psychiatrist/counselor can see and hear me in real time.
- (3) I will not record any telepsychiatry/telecounseling sessions without written consent from Your Family Psychiatrist, PLLC, and I understand that my psychiatrist/counselor will not record any of our telepsychiatry/telecounseling sessions without my written consent.
- (4) I will inform my psychiatrist/counselor as soon as my session begins if any other person can hear or see any part of our session.
- (5) If I lose my connection during a session, I will immediately attempt to log back into the <http://Doxy.me> “waiting room”.
- (6) If the audio I am receiving during a telepsychiatry/telecounseling session is not complete and clear, I will attempt to let my psychiatrist/counselor know or telephone Your Family Psychiatrist, PLLC to schedule a new appointment.

### Patient Consent to the Use of Telepsychiatry/Telecounseling

I have read and understand the information provided above regarding telepsychiatry/telecounseling. I hereby give my informed consent for the use of telepsychiatry/telecounseling in my medical care and authorize my psychiatrist/counselor to use telemedicine in the course of my diagnosis and treatment. I agree to hold Your Family Psychiatrist, PLLC and its psychiatrists/counselors harmless from injuries or omissions that may be related to the malfunction or technical failure of equipment or system encryption.

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of patient (or parent, legal guardian, or conservator)

\_\_\_\_\_  
(Relationship to patient)