

Neurobehavioral Consultants, P.C.

Telemedicine Informed Consent Form

I _____ [name of patient] hereby consent to engaging in telemedicine with the staff of Neurobehavioral Consultants as part of my psychotherapy. I understand that "telemedicine" includes the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications.

I understand that I have the following rights with respect to telemedicine:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
2. The laws that protect the confidentiality of my medical information also apply to telemedicine. As such, I understand that the information disclosed by me during the course of my therapy is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality, including, but limited to reporting child, elder, and dependent adult abuse; expressed threats of violence toward an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding.
3. Although Neurobehavioral Consultants uses HIPAA compliant software, I understand that there are risks and consequences from telemedicine, including but not limited to, the possibility, despite reasonable efforts on the part of my psychotherapist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.
4. I understand that telemedicine based services and care may not be as complete as face-to-face services. I understand that I may benefit from telemedicine, but that results cannot be guaranteed or assured.
5. 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 a crisis or in an emergency, I should immediately call 911 or go to the nearest hospital.

I have read and understand the information provided above.

Signature of patient/parent/guardian/conservator

If signed by other than patient indicate relationship

Date