



Kelly Yan

Psychiatric Mental Health Nurse Practitioner

INFORMED CONSENT FOR TELEMEDICINE SERVICES

Telemedicine

Telemedicine is the use of electronic communications to provide health care services when in-person appointments are impossible or undesirable. Services may include diagnosis, treatment, psychotherapy, psychoeducation and more. The client must be physically located in the state (Oregon) where the provider is licensed. During telemedicine sessions, the following may occur:

- Live two-way audio and video conversation using a HIPAA-compliant telecommunication system. Valant, Microsoft Teams and Google Meet conform to this standard.
- Review of patient medical records.
- Physical examination, if appropriate.
- Nonmedical personnel may be present to address technical problems.

Potential benefits

- Improved access to care for people in outlying communities or those who are unable to travel.
- Convenience and efficiency (fewer transportation, weather, or other barriers).
- Ability to meet while traveling within the state of Oregon.

Potential risks

- Inadequate or poor-quality information for appropriate medical decision making. For example, video quality may be poor or issues with parts of the body that do not appear on video may not be noted.
- Technical problems, including poor internet connection, equipment failure, or low video or audio quality.
- Loss of in-person human interaction.
- Lack of privacy if client is not able to obtain a private space for an appointment.
- Failure of security protocols, putting at risk the disclosure of private information.

Records and confidentiality

All HIPAA privacy and disclosure laws applicable to in-person services also apply to telemedicine services. Network, hardware, and software security measures are used to ensure secure telemedicine appointments and to safeguard Protected Health Information (PHI). Appointments are not recorded.

Your rights

You may refuse or revoke consent for telemedicine appointments at any time without affecting your care. Please request changes in writing.

Financial agreement

Most insurance companies cover telemedicine via video or telephone. It is your responsibility to confirm coverage, and you are responsible for any costs not covered. Telemedicine fees are the same as in-person fees, including those for missed appointments or late cancellations.



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Technical Requirements

- A secure, private computer with a functioning camera and microphone. Public computers, such as those in libraries, are not acceptable.
- Tablets and mobile phones may work but the telecommunication software works best on a desktop.
- A private high-speed internet connection. Data service through a mobile phone may not be adequate. Public WIFI hotspots are not acceptable.
- Chrome or Firefox are the preferred web browsers.
- Meeting from your car may afford some privacy but may cause connectivity issues. Meeting while driving is never acceptable.
- A quiet, private location where you will not be interrupted. You must be in Oregon.
- Please download apps and test devices at least 48 hours before your appointment.

By signing this form, I understand that:

- The laws that protect privacy and confidentiality of medical information also apply to telemedicine. Except as outlined in our **HIPAA NOTICE OF PRIVACY PRACTICES**, no Protected Health Information (PHI) will be disclosed without my consent.
- I have the right to withhold or withdraw my consent to the use of telemedicine in my care at any time, without affecting my right to future care.
- I have the right to inspect all information obtained and noted during a telemedicine interaction.
- Telemedicine may involve the electronic communication of my PHI to providers in other areas.
- It is my responsibility to inform my provider of electronic interactions with other providers regarding my care.
- Potential benefits of telemedicine cannot be guaranteed.
- If internet connection is lost or other technical problems arise during my appointment, my provider will contact me using a different method of communication to complete the appointment.
- I agree to communicate my location at the start of each appointment if it is different than home or work. I understand that I must physically be in Oregon in order to see my provider.

I have read the Policy above and I agree to its terms. I can request a copy for my records. I hereby give my informed consent for the use of telemedicine in my care.

Signature: _____ **Date:** _____

If signed by person other than client:

Name: _____ Relationship to client: _____