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TELEPSYCHIATRY CONSENT FORM

This document is intended to show that, prior to receiving services via telepsychiatry (including Skype and/or FaceTime and/or any other video system mutually agreed upon between patient and Dr. Schacter), as a patient of Dr. Schacter, I have been informed as to what this form of psychiatric treatment involves, as well as the risks, benefits and alternatives to telepsychiatry, so that I can make an informed choice about receiving these services.

What is Telepsychiatry?

Telepsychiatry is the form of psychiatric treatment performed using interactive audio-video communication by electronic means. Telepsychiatry is an alternative to direct, in person psychiatrist-patient encounters, allowing the patient to receive care without having to be physically present with the psychiatrist.

Is Telepsychiatry Confidential?

Telepsychiatry is subject to the same confidentiality protections as other medical treatment. Doxy.me, the platform we will likely be using, is considered a HIPPA compliant/confidential form of communication when used correctly. However, certain electronic systems do NOT offer security protocols so patients using options such as What's App, Skype or FaceTime should be aware that these transmissions may be susceptible to intentional or unintentional third party access. Although they may have end-to-end encryption, they do not always have a business associates agreement with the physician which would require them to inform the physician of any breach in confidentiality or malfunction within their system.

Expected Benefits of & Alternatives to Telepsychiatry

Benefits associated with the use of telepsychiatry:

- Improved convenience and access to psychiatric care by enabling a patient to remain in his/her home or office.
- More efficient psychiatric evaluation and management.
- Obtaining expertise of a distant specialist.

Alternative to telepsychiatry is traditional face-to-face treatment with the patient and psychiatrist in the same location.

Possible Risks of Telepsychiatry

As with any medical procedure, there are potential risks associated with the use of telepsychiatry.

These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the physician);
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment;
- In very rare instances, there can be breaches of privacy of personal medical information;
- In rare cases, a lack of access to complete medical or psychiatric records may result in adverse drug interactions or allergic reactions or other medical judgmental errors.

Patient Rights and Responsibilities Regarding Telepsychiatry

There are a number of rights and responsibilities for patients who agree to treatment by telepsychiatry including the following, which I understand and agree to:

- Patients have the right to withhold or withdraw consent to the use of telepsychiatry during the course of their care; however, patients should, whenever possible, provide at least 30 days' notice before withdrawing consent for telepsychiatry so that the physician can help to facilitate a transition to a provider that conducts face to face treatment.
- All rules and regulations which apply to the practice of medicine in North Carolina also apply to telepsychiatry.
- Patients may not record any telepsychiatry sessions without written consent from the physician. I understand that the physician will not record any telepsychiatry sessions without written patient consent.
- Patients must inform the physician if any other person can hear or see any part of a telepsychiatry session before the session begins. The physician will inform the patient if any other person can hear or see any part of the session before the session begins.
- Patients are responsible for the configuration of any electronic equipment used on their computers and smartphones which are used for telepsychiatry and patients are responsible for ensuring the proper functioning of all electronic equipment before each session begins.
- In the event of an equipment failure, part or all of the session may be conducted by telephone.
- I agree to indemnify and hold harmless Silver Psychiatric Services, PC, Dr. Schacter, DO, the provider, the provider's members, shareholders, directors, officers, employees, or agents (collectively the "Indemnified Parties") from and against any and all losses, claims, damages, liabilities, costs and expenses, including reasonable attorneys' fees and expenses related to the defense of any claims (a "Loss"), which may be asserted against any of the Indemnified Parties in connection with this Agreement, from any Loss related to technical failures involved in the use of telemedicine.

Patient Consent To The Use of Telepsychiatry

I have read and understand the information provided in this document regarding telepsychiatry, have discussed it with my physician and his staff, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of

telepsychiatry in my medical care. I hereby authorize Dr. Schacter to use telepsychiatry in the course of my diagnosis and treatment.

Name of Patient: _____

Signature of Patient/Guardian: _____

Date: _____