

Marina Aleksandrowicz MS., RN, PMHNP-BC

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OUTPATIENT SERVICES CONTRACT: Telepsychiatry Consent Form

Telepsychiatry provides psychiatric services using interactive video conferencing tools, such as Doxy.me, in which the psychiatric provider and the patient are not at the same location. Telepsychiatry will allow the patient to receive services without the need to visit the office and travel long distance. Potential risks include, but may not be limited to: information transmitted may not be sufficient (poor resolution of video); delays in medical evaluation and treatment due to deficiencies or failures of the equipment; security protocols can fail, causing a breach of privacy; and a lack of access to all the information available in a face to face visit may result in errors in medical judgment. Alternative to telepsychiatry include traditional face to face sessions.

Your Rights: 1) I understand that the laws that protect the privacy and confidentiality of medical information also apply to telepsychiatry; 2) I understand that the Doxy.me is known to incorporate network and software security protocols to protect the confidentiality of information and audio/visual data. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption. You can review the security features of Doxy.me at <https://doxy.me/patients>. Doxy.me is a HIPAA compliant platform; 3) I have the right to withdraw my consent to the use of telepsychiatry during the course of my care at any time; 4) I understand that Marina Aleksandrowicz has the right to withhold or withdraw consent for the use of telepsychiatry during the course of my care at any time; 5) I understand that all rules and regulations which apply to the practice of medicine in the State of New York also apply to telepsychiatry.

Your Responsibilities: 1) I will not record any telepsychiatry sessions without the prior written consent of Marina Aleksandrowicz and I understand that Marina Aleksandrowicz will not record telepsychiatry sessions without my consent; 2) I will inform Marina Aleksandrowicz if any other person can hear or see any part of our session before the session begins. Likewise, Marina Aleksandrowicz will inform me if any other person can hear or see any part of the session before the session begins; 3) I understand that I MUST be a resident of New York to be eligible for telepsychiatry services from Marina Aleksandrowicz; 4) I understand that my Initial Consultation will not be done by telepsychiatry except in special circumstances under which I will be required to verify my identity to Marina Aleksandrowicz's satisfaction before the evaluation.

Your signature below indicates that you have read and understand the information provided above regarding telepsychiatry, and that you authorize Marina Aleksandrowicz to use telepsychiatry in the course of diagnosis and treatment.

Patient or Parent/Legal Guardian Signature

Date

Patient's name

Relationship to patient

For patients cancelling with Marina Aleksandrowicz, NP:

If you are cancelling with Marina Aleksandrowicz because of concerns about coming to the office as part of managing the corona virus, Marina Aleksandrowicz is offering telehealth appointments as an alternative.

You can still have your regular appointment time and length with Marina Aleksandrowicz via of her secure telemedicine portal.

All you need to do is let us know that you would like to have your currently scheduled visit and time remotely and she will send you a link to the portal that will invite you to log in for your visit.

Doxy.me has a virtual waiting room that will allow you to privately log in and will alert Marina Aleksandrowicz you are ready for your appointment.

All we need is an e-mail address or cell phone number and she will send you the link that will allow you to connect. You don't need to download any software or install anything in order for this to work.

You can connect to the virtual appointment using a computer with a camera and microphone via web-browser or using a tablet or cell phone. The service is like a secure medical version of Skype or FaceTime.

[If the client does not have access to a tech device, ask them if they would like to have a phone appointment, but virtual appointments are preferred.]

Client: _____

Date & time of appointment: _____

Contact method for invite: E-mail Text Message

Contact information [phone/email] _____