

152 Simsbury Road
Suite 9
Avon, Connecticut 06001
(860) 676-1600

Nancy M. Westermann, M.D., P.C.

TELEMEDICINE SERVICE CONSENT FORM

- There are potential benefits and risks of video-conferencing (e.g. limits to patient confidentiality) that differ from in-person sessions. If you prefer to use the telephone for your sessions, please inform me and we will do so.
- Confidentiality still applies for telepsychiatry services, and no one may record the session.
- We agree to use the selected HIPAA-compliant video-conferencing platform that uses encryption for our virtual sessions. The psychiatrist will explain how to use it.
- You need to use a webcam or smartphone during the session. It is important to use a secure internet connection rather than public/free Wi-Fi.
- It is important to be in a quiet, private space that is free of distractions (including cell phone and other devices) during the session. The structure of your sessions will be the same.
- It is important to be on time. If you need to cancel or change your telemedicine appointment, you must notify the psychiatrist at least **48 hours** in advance by calling the answering service. Otherwise, you will be charged the full fee for the scheduled time.
- We need a back-up plan (e.g. phone number where you can be reached) to restart the session or to reschedule it, in the event of unforeseen technical problems.
- We need a safety plan that includes at least one emergency contact and the closest hospital emergency department to your location, in the event of a crisis situation.
- If you are not an adult, we need the permission of your parent or legal guardian (and their contact information) for you to participate in telemedicine sessions.
- You should confirm with your insurance company that the video sessions will be reimbursed; if they are not reimbursed, you are still responsible for full payment at the time of service. You should mail your payment immediately afterward to the office address above.
- As your psychiatrist, I may determine that due to certain circumstances, telemedicine sessions are no longer appropriate and that we should resume our sessions in person if at all possible.

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- If necessary, I will make a referral for care in a more structured setting or with another health care professional.
- All existing practice policies and procedures will continue. I will document medical services provided and coordination of care with other practitioners in your medical record.
- As previously, all federal and state statutes regarding confidentiality and mandatory reporting remain in place.

Please give verbal consent now. Then download and print a copy of this authorization form and mail it along with your payment for the session. Should you have any questions, please feel free to contact me at (860) 676-1600. Thank you.

Nancy M. Westermann, M.D. Signature

Patient or Patient's Legal Representative Signature

Patient's Name

Patient's Signature

Date