

Stonebriar Psychiatric Services, P.A.
Telepsychiatry and Teletherapy Services Agreement and Informed Consent

Telepsychiatry & Teletherapy are the delivery of psychiatric and counseling services using interactive audio and visual electronic systems where the psychiatrist or therapist and the patient are not in the same physical location. Stonebriar Psychiatric Services, P.A. allows its psychiatrist and counselor to perform telepsychiatry and teletherapy after the initial face-to-face evaluation, and between annual face-to-face re-evaluations, but only through the telemedicine service provider Doxy.me, LLC. The interactive electronic systems used by Doxy.me incorporate network and software security protocols to protect the confidentiality of patient information and audio/visual data. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

Potential Telepsychiatry and Teletherapy Benefits:

- Increased accessibility to psychiatric and counseling care.
- Patient convenience.
- Ability to maintain Social Distancing during the Covid19 state of emergency
- Ability to maintain care while recovering from surgery

Potential Telepsychiatry and Teletherapy Risks:

- Information transmitted may not be sufficient (*e.g.*, poor resolution of video) to allow for appropriate medical decision-making by my psychiatrist.
- Delays in psychiatric evaluation and treatment could occur due to deficiencies or failures of the equipment.
- Security protocols can fail, causing a breach of privacy of my confidential medical information.
- In rare cases, a lack of access to all the information that might be available in a face-to-face visit, but not in a telepsychiatry session, could result in the omission of care involving other health problems or possible adverse drug interactions.

If I decide that the benefits outweigh the risks, I may request telepsychiatry and/or teletherapy sessions when I schedule follow-up appointments. If my psychiatrist or therapist agree, I will be scheduled for a telepsychiatry or teletherapy session, and I will be sent an internet link (to <http://Doxy.me>) with instructions to log into the “waiting room” immediately prior to my scheduled appointment.

My Rights:

- (1) I understand that all laws protecting the privacy and confidentiality of medical information also apply to telepsychiatry and teletherapy.
- (2) I understand that all the Texas rules and regulations which apply to psychiatry counseling also apply to telepsychiatry and teletherapy.
- (3) I understand that my psychiatrist or therapist has the right to withhold or withdraw his consent for the use of telepsychiatry and teletherapy at any time during the course of my care.
- (4) I understand that I have the right to withhold or withdraw my consent for the use of telepsychiatry and teletherapy at any time during the course of my care, and withdrawal

of my consent will not affect any future care or treatment from my psychiatrist or counselor.

My Responsibilities:

- (1) I understand that I must be physically within Texas (including offshore State waters) to be eligible for telepsychiatry or teletherapy, and my psychiatrist can send prescriptions for medications only to Texas pharmacies or addresses. **I will inform my psychiatrist or therapist as soon as my session begins of my physical location. I will provide my Texas DL information which is: DL # _____ Issue Date _____ Termination Date _____** I understand I must be on time for my session.
- (2) I will ensure the proper configuration and functioning of all my electronic equipment prior to my session because the computer, tablet, or mobile telephone I use must have working camera and audio input so that my psychiatrist or counselor can see and hear me in real time. I will find a quiet, private area to have my session without interruption.
- (3) I will not record any telepsychiatry or teletherapy sessions without written consent from Stonebriar Psychiatric Services, P.A., and I understand that my psychiatrist or therapist will not record any of our telepsychiatry or teletherapy sessions without my written consent.
- (4) **I will inform my psychiatrist or therapist as soon as my session begins if any other person can hear or see any part of our session.**
- (5) If I lose my connection during a session, I will immediately attempt to log back into the <http://Doxy.me> "waiting room".
- (6) If the audio I am receiving during a telepsychiatry or teletherapy session is not complete and clear, I will attempt to let my psychiatrist or therapist know or telephone Stonebriar Psychiatric Services, P.A. to continue with a phone session.

Patient Consent to the Use of Telepsychiatry

I have read and understand the information provided above regarding telepsychiatry and teletherapy. I hereby give my informed consent for the use of telepsychiatry and teletherapy in my medical care and authorize my psychiatrist or counselor to use telemedicine in the course of my diagnosis and treatment. I agree to hold Stonebriar Psychiatric Services, P.A. and its psychiatrist or therapist harmless from injuries or omissions that may be related to the malfunction or technical failure of equipment or system encryption.

Printed name

Date

Signature of patient (or parent, legal guardian, or conservator)

(Relationship to patient)

Cell Phone # _____

Fax completed form to 972-852-1812

3550 Parkwood Blvd. Ste 705 * Suite 705 * Frisco, Texas 75035 * Phone: (972) 335-2430