

Patient Name

Date of Birth

Tele-Psychiatry Consent

Provider: Kerstin Helgason, PMHNP

Credentials: Kerstin Helgason, PMHNP, is a Board Certified Psychiatric Mental Health Nurse Practitioner licensed to practice in California and Arizona.

Introduction:

Tele-psychiatry is the delivery of psychiatric services using live audio and visual electronic systems where the provider and the patient are not in the same physical location. The live electronic systems used in tele-psychiatry incorporate network and software security protocols to protect the confidentiality of patient information and audio and visual data.

Potential benefits:

- Increase accessibility and improved convenience when accessing psychiatric care.

Potential risks:

As with any medical procedure there may be potential risks associated with the use of tele-psychiatry, including, but not limited to:

- Information transmitted may not be sufficient to allow for appropriate medical decision making by the provider.
- The type of care a patient requires may not be appropriate for the tele-psychiatry format and, as a result, my provider may not be able to provide the medical care in the tele-psychiatry format. Limits to the ability to provide care via tele-psychiatry will be explained as they arise.
- Delays in medical evaluation or treatment may occur due to difficulties, limits, or failures of the equipment or format.
- Security protocols can fail and result in a breach of privacy of confidential medical information.
- Lack of access to all the information that may be available in a face-to-face or in-person appointment may result in errors in medical judgment.

Alternatives to Tele-Psychiatry:

- Traditional face-to-face or in person sessions may be available at my provider's office in Gilroy, CA or seeing a different provider who has in person sessions.

Patient Rights:

- Laws that provide privacy and confidentiality protections apply equally to tele-psychiatry and in-person sessions.
- Software platforms used for tele-psychiatry communication are HIPAA compliant to help prevent the unauthorized access to private medical information.
- Consent for using tele-psychiatry for evaluation or treatment can be withdrawn at any time by either the patient or the provider.
- Rules and regulations which apply to psychiatric practice or evaluation or treatment in person, will also apply to tele-psychiatry sessions.

Patient responsibilities:

- I understand that I must be physically present in the state in which my provider is licensed in order to qualify for tele-psychiatry services (ie: California or Arizona).
- I will not record any aspect of the tele-psychiatry sessions without written consent from my provider and my provider will not record any aspect of the sessions without written consent.
- I will inform my provider if any other person can hear or see any part of the session before the session begins or at any time during the session and my provider will notify me if any other person can hear or see any part of the session before the session begins or at any time during the session.

Kerstin Helgason, PMHNP
8339 Church Street, Suite 114, Gilroy, CA 95020
Phone: (408) 767-2337 Fax: (415) 376-4572
Email: info@gilroymentalhealth.com

- I understand that I, not my provider, am responsible for the configuration of any electronic equipment use on my computer or electronic device and which is used for tele-psychiatry and will ensure proper functioning and access to the software platform prior to the session appointment time.
- I understand that an initial evaluation or ongoing care can be provided via tele-psychiatry once my identity has been verified to the satisfaction of my provider before the session.

I have read, understand, and agree to the information above and authorize Kerstin Helgason, PMHNP, to use tele-psychiatry format for psychiatric evaluation and/or treatment.

X _____

Patient (or Guardian) Signature

Printed Name

Date

Guardian relationship to patient