

## TELEMEDICINE INFORMED CONSENT

**Purpose:** The purpose and use of telemedicine at Central Texas Mental Health (“CTMH”) is to provide real-time consultation, evaluation, diagnosis, and treatment of a mental health condition using advanced telecommunications technology. The technology uses an interactive two-way audio and video communication link-up whereby the physician and/or mental health care provider can see, hear and communicate with the patient in real-time. Telemedicine benefits include increased accessibility to mental healthcare and patient convenience.

**Service Provider:** Central Texas Mental Health’s telemedicine service provider is Doxy.me, LLC. The interactive electronic systems used by Doxy.me incorporate network and software security protocols to safeguard the data and protect the confidentiality of patient information and audio/visual data.

**Consent for Treatment:** I consent to and voluntarily agree that my CTMH physician or CTMH physician assistants, (collectively, “telemedicine provider”), may utilize telemedicine to provide me with and/or assist in the delivery of my mental health services.

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In giving my informed consent, I acknowledge and agree to the following:

- I understand that my telemedicine provider: (i) practices in a different location than where I present for mental health care; (ii) does not have the opportunity to meet with me face-to-face to perform an in-person assessment, except through audio-video conference only; and, (3) relies on information provided by me.
- I understand that I must be physically within Texas to be eligible for CTMH telemedicine. I understand that my telemedicine provider can send medication prescriptions to Texas pharmacies only.
- I understand that my telemedicine provider cannot be responsible for advice, recommendations, and/or decisions based on incomplete or inaccurate information provided by me, the patient, or others. I acknowledge that it is my responsibility to provide information about my mental health history, medical history, condition and care that is complete and accurate to the best of my ability.
- I understand that I may not record any telemedicine session without written consent from Central Texas Mental Health.
- I will inform my telemedicine provider as soon as my session begins if any other person can hear or see any part of our session.
- I understand that if I experience an urgent medical matter after the telemedicine session, I should alert my treating physician, and in the case of an emergency dial 9-1-1, or go to the nearest hospital emergency department.
- I understand I can ask questions and seek clarification of the procedures and telemedicine technology.
- I understand that I can ask that the evaluation and/or video conference be stopped at any time.
- I know there are potential risks with the use of technology. These include but are not limited to:
  - Interruption of the audio/video link
  - Disconnection of the audio/video link
  - A picture that is not clear enough to meet the needs of the consultation
  - Delays in psychiatric evaluation and treatment due to equipment failure or deficiency

- I understand and agree that my electronic device must have a working camera and audio input so that my telemedicine provider can see and hear me in real time. I agree to ensure proper functioning of my electronic device prior to my session.
- I understand and agree that if I lose my connection during a session, I will immediately attempt to log back into the <http://Doxy.me> “waiting room”. If the audio I am receiving during a telemedicine session is not complete and clear, I will attempt to let my telemedicine provider know or telephone CTMH to schedule a new appointment.
- In the event the telemedicine session is interrupted, disconnected or does not meet the needs of the consultation due to a technological problem or equipment failure, alternative means of communication (i.e. telephone) may be implemented or an in-person mental health evaluation may be necessary.
- I understand that if anyone other than my telemedicine provider is present during my telemedicine session, that I will be informed of their presence and will have the right to request that any non-medical personnel leave the telemedicine session or I may terminate the consultation at any time.
- I understand that I have the right to withdraw my consent to the use of telemedicine at any time during the course of my care, and withdrawal of my consent will not affect any future care or treatment from my CTMH physician or physician assistant.
- I understand that my CTMH physician or physician assistant has the right to withhold or withdraw his/her consent to the use of telemedicine at any time during the course of my care.
- I acknowledge that I have been provided with written notification of Central Texas Mental Health’s telemedicine privacy practices.

**NOTICE CONCERNING COMPLAINTS**

Complaints about physicians, as well as other licensees and registrants of the Texas Medical Board, including physician assistants, acupuncturists, and surgical assistants may be reported for investigation at the following address:

**Texas Medical Board  
 Attention: Investigations  
 333 Guadalupe, Tower 3, Suite 610  
 P.O. Box 2018, MC-263  
 Austin, Texas 78768-2018**

Assistance in filing a complaint is available by calling **1-800-201-9353**. For more information please visit the Texas Medical Board website at: [www.tmb.state.tx.us](http://www.tmb.state.tx.us)

I have read and understand the information provided above regarding telemedicine. I have had an opportunity to discuss and ask questions regarding the risks, benefits, and practical alternatives to telemedicine with my CTMH physician or physician assistant. I hereby give my informed consent and authorize my Central Texas Mental Health physician and/or physician assistants to use telemedicine in the course of my mental health care, evaluation, diagnosis, and treatment.

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Printed Name Date

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Signature of Patient (or parent, legal guardian, or conservator) Relationship to Patient