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| ***Poonam Sharma, Ph.D.****Licensed Psychologist****Psychotherapy, Coaching, & Psychological Testing*** | ***14603 Huebner Road, Building 6******San Antonio, Texas 78230******210.493.6554; Fax 210.493.6714******www.HealthfulChanges.com*** |

**INFORMED CONSENT FOR TELEVISITS**

**PATIENT NAME:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, the undersigned, agree to participate in videoconferenced visits (Televisits) with Poonam Sharma, Ph.D. This means that I authorize information related to my health care to be securely electronically transmitted in the form of images and data through an interactive video connection to and from the above-named psychologist and other persons involved in my health care.

**Location**: I understand that I must conduct such visits from a private setting where I will not be interrupted.

**Equipment**: I agree to use only my own equipment for Televisits and will not use my employer’s computer or network for the visit.

**Identification**: I understand that I may be asked to supply information to verify my identity prior to the visit proceeding. If other parties are present during the Televisit, they will also be identified and their purpose for attending the meeting will be clarified.

**Nature of Televisit**: My psychologist has explained how the Televisit is performed and how it will be used for my treatment. My psychologist has also explained how the Televisit will differ from in-person services, including but not limited to emotional reactions that may be generated by the technology.

In brief, I understand that Dr. Sharma will not be physically in my presence. Instead, we will see and hear each other electronically. Some information Dr. Sharma would ordinarily get in face-to-face Televisit may not be available in a Televisit. I understand that such missing information could in some situations make it more difficult for a health care professional to understand my problems and to help me get better.

**Possible Risks:** I understand that Televisits are a new form of treatment, in an area not yet fully validated by research, and that they have potential risks, including some that are not yet recognized. Risks that have already been recognized include, but may not be limited to:

1. It is possible that the technology will fail before or during the Televisit.
2. In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images or poor audio) to allow for appropriate decision making by Dr., Sharma.
3. Delays in evaluation and treatment could occur due to deficiencies or failures of the equipment.
4. In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;

**Expected Benefits:** I understand that some of the potential benefits of a Televisit include, but are not limited to:

1. Improved access to care.
2. More efficient evaluation and management.
3. Reduced travel time and cost.

**Discontinuation**. I understand that a Televisit can be discontinued at any time, either by me or by Dr. Sharma. I further understand that I do not have to answer any question that I feel is inappropriate or whose answer I do not wish persons present to hear, that any refusal to participate in the Televisit will not affect my continued treatment, and that no action will be taken against me. I acknowledge, however, that diagnosis depends on information, and treatment depends on diagnosis, so if I withhold information, I assume the risk that a diagnosis might not be made or might be made incorrectly. Were that to happen, my treatment might be less successful than it otherwise would be, or it could fail entirely.

**Alternatives**. The alternatives to the Televisits have been explained to me, including their risks and benefits, as well as the risks and benefits of doing without treatment. I understand that I can still pursue in-person visits. I understand that a Televisit does not necessarily eliminate my need to see Dr. Sharma in person, and I have received no guarantee as to the Televisit’s effectiveness.

**Follow-Up Care**. When, for whatever reason, a Televisit is unable to provide all the necessary clinical information that Dr. Sharma believes is necessary to properly evaluate me, prior to the conclusion of the live Televisit, I will be informed of the need for an in-person evaluation. If I have an adverse reaction to the treatment or in the event of an inability to communicate as a result of technological or equipment failure, I will be informed of how I can receive follow-up care.

**Records**. I understand that my Televisit may be recorded and stored electronically as part of my clinical record. I understand that Televisits, test results, and disclosures will be held in confidence subject to state and/or federal law. I understand that I am ordinarily guaranteed access to my clinical records in accordance to Texas law and that copies of records of Televisits are available to me on my written request. I understand that I retain sole responsibility for the confidentiality of the records released to me and that I may have to pay a reasonable fee to get a copy. *Additionally, I understand that my records may be used for telemental health program evaluation, education, and research and that I will not be personally identified if such a use occurs. I hereby authorize these disclosures to take place without prior written consent.*

**Contact Information:** I have received a copy of Dr. Sharma’s contact information, including her full name, telephone number, and physical address. I have also been provided with a list of local support services in case of an emergency. I am aware that Dr. Sharma may contact the proper authorities in case of an emergency. I acknowledge, however, that if I am facing or if I think I may be facing an emergency situation, I am NOT to seek a Televisit. Instead, I will seek care immediately through my own physician, the nearest hospital emergency department, or by calling 911.

These are the names and telephone numbers of my local emergency contacts (including local physician; crisis hotline; trusted family, friend, or adviser).

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Name Telephone Number

**Release from Liability**. I unconditionally release and discharge Poonam Sharma, Ph.D., her affiliates, agents, employees; and designees from any liability in connection with my participation in remote Televisits

**Ethics and Professional Standards**: As a licensed psychologist, Dr. Sharma is regulated by the Texas State Board of Examiners of Psychologists and is accountable for her work with you. I understand that if I have any concerns about my care, Dr. Sharma would be happy to discuss them with me. I can contact TSBEP at (512) 305-7700.

**I have read this document carefully and fully understand the benefits and risks. I have had the opportunity to ask any questions I have and have received satisfactory answers. With this knowledge, I voluntarily consent to participate in the videoconference visits (Televisit), including but not limited to any care, treatment, and services deemed necessary and advisable, under the terms described herein.**

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Patient’s Signature Date