



## Consent to Participate in Telepsychiatry

Due to the current State of Emergency, I agree to participate in telepsychiatry appointments using Doxy.me, a HIPAA-compliant telemedicine software program. Potential benefits include increased accessibility to psychiatric care, potential decreased risk of COVID-19 exposure, and patient convenience. Potential risks include interruptions in service, unauthorized access, and technical difficulties. Due to the fact that Dr. Cooke-Chen and I will not be in the same room, visual examination of the patient may be limited, which may impact diagnosis and treatment decisions.

I understand that I must be physically within Maryland to be eligible for telepsychiatry. 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 Dr. Cooke-Chen can see and hear me in real time. I will not record any sessions without written consent from Children First MD, LLC, and I understand that Dr. Cooke-Chen will not record any of our sessions without my written consent.

I will inform Dr. Cooke-Chen as soon as my session begins if any other person can hear or see any part of our session. If I lose my connection during a session, I will immediately attempt to log back into the Doxy.me "waiting room." If the audio I am receiving during a telepsychiatry session is not clear, I will attempt to let Dr. Cooke-Chen know via telephone. Dr. Cooke-Chen or I can discontinue the telepsychiatry visit if it is felt that the videoconferencing connections are not adequate. Withdrawal of my consent will not affect any future care or treatment. We may elect to continue our session over the telephone, with the understanding that phone calls may also be intercepted.

I understand that during the COVID-19 nationwide public health emergency, The Office for Civil Rights at the Department of Health and Human Services has relaxed federal privacy regulations during the good faith provision of telehealth. As such, health care providers may use popular applications that allow for video chats, including Apple FaceTime (protected by end-to-end encryption). If the Doxy.me service is not working adequately, I may choose to use Apple FaceTime, with the understanding that using non-HIPAA compliant third-party applications potentially introduce privacy risks.

I understand that insurance reimbursement for telepsychiatry and/or telephone sessions might be different than in-person sessions. It is my responsibility to confirm insurance benefits.

I have read and understand the information provided above, and hereby authorize Dr. Cooke-Chen to use telepsychiatry in the course of my diagnosis and treatment. I agree to hold Children First MD, LCC and its psychiatrists 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, parent, or legal guardian

\_\_\_\_\_  
Relationship to patient