



Consent to Participate in Telepsychiatry (rev. 1/3/26)

Telepsychiatry is the use of telecommunications technology to provide remote psychiatric care for patients. I agree to participate in telepsychiatry appointments using HIPAA compliant web-based audio-video software. Potential benefits include increased accessibility to care, decreased risk of exposure to illness, patient convenience and patient comfort. Potential risks include interruptions in service, unauthorized access by others, and technical difficulties. In addition, due to the fact that Dr. Cooke-Chen will not be in the same room, visual examination of the patient may be limited, which may impact diagnosis and treatment decisions.

I UNDERSTAND THE FOLLOWING:

- ***I must physically be within Maryland*** for all telepsychiatry appointments. If I am not in Maryland, the appointment will need to be rescheduled and I may be charged for a late cancellation fee.
- For patient safety, I will ***provide my current physical location*** in case emergency services need to be contacted. I agree to notify Dr. Cooke-Chen if my location changes during the session. If I am in a vehicle it will be ***stationary and parked safely out of traffic***.
- I must ensure the proper configuration and functioning of all my electronic equipment (including internet connection/Wi-Fi signal) prior to my session so I can be seen and heard in real time.
- ***I will not record any sessions*** without written consent from Children First MD, LLC. Dr. Cooke-Chen will not record any sessions without my written consent. ***I may not take photographs or screenshots without consent.***
- I must ensure that my viewing and listening area is in a ***private, quiet, and safe environment***, limited to myself and any other person that has a need to participate during the appointment.
- If I lose connection during a session, I will immediately attempt to log back in to the videoconferencing system. If the audio quality is poor, I will attempt to inform Dr. Cooke-Chen by telephone. Dr. Cooke-Chen or I can discontinue the visit if it is determined that the videoconferencing connection is inadequate. We may elect to continue our session over the telephone, with the understanding that phone calls may also be intercepted.
- Insurance reimbursement for telepsychiatry and/or telephone sessions might be different than in-person sessions. It is my responsibility to confirm insurance benefits
- Telepsychiatry may not be an option for all of my needs. ***I may still need to be seen in person.*** If I am prescribed a federally-controlled substance, I agree to seen in person periodically.
- I may withdraw consent for telepsychiatry services at any time. Doing so will not affect my right to seek or receive care in general. I may inquire about the availability of in-person appointments. However, I acknowledge that Children First MD, LLC primarily provides services via telepsychiatry,

so my withdrawal of consent may require transfer of care to another provider for more frequent in-person services.

- Dr. Cooke-Chen may end the appointment if I engage in any behavior determined to be disruptive or inappropriate.
- Telepsychiatry appointments are to be treated as any other medical professional appointment and I acknowledge that my full attention and participation is required. **I will be appropriately clothed and refrain from engaging in any unsafe or distracting behaviors during appointments including but not limited to: driving, cooking, cleaning, eating or engaging in personal grooming or hygiene.**

I have read and understand the information above. I agree to hold Children First MD, LLC and its psychiatrists harmless from injuries or omissions that may be related to the malfunction or technical failure of equipment or system encryption. I will be notified of any changes to this policy.

Patient Name

Patient date of birth

Signature of Patient or Representative

Representative's Relationship to Patient

Printed name of Representative

Date