



Patient's Name: _____ Date of Birth: _____

Telemedicine Consent Form

The purpose of this form is to obtain consent to participate in telemedicine, including, but not limited to video, phone, text, and email.

- There are potential benefits and risks of video-conferencing and other forms of telemedicine that differ from in-person sessions. One of the benefits of telemedicine is that the patient and doctor can engage in services without being in the same physical location. Most research shows that telemedicine is about as effective as in-person treatment; however, there is the possibility of less effective treatment due to the lack of in-person interaction.
- Potential risks of telemedicine include limits to confidentiality. CAPS of ME offers secure video-conferencing services through HIPPA compliant platforms, eg. Google Meet, Doxy.me, and SimplePractice EHR, but there is always the possibility that electronic communications may be compromised. The extent and limits of confidentiality that apply to all treatment at CAPS of ME that are outlined in the CAPS of ME Consent to Treatment apply to telemedicine. Furthermore, there will be no video or audio recordings of the session unless agreed upon by mutual consent. For video-conferencing services, it is important to use a secure internet connection rather than public/free Wi-Fi. It is also important to be in a quiet, private space that is free of distractions (including cell phone or other devices) during the session. If you are not in a private place, there is potential for other people to overhear your sessions. Documentation of telemedicine appointments will be maintained in the same manner as in-person sessions.
- Another possible risk of telemedicine is disruption of service due to technical difficulties. You need to use a webcam or smartphone during video-conferencing sessions. To access the video feed, CAPS of ME/SimplePractice will send an email/electronic notification/text message with a hyperlink to access the virtual meeting room 10 minutes before the scheduled start of a session. Please be patient in case there are network or connectivity issues, or if the provider is running late. Please make sure your electronic devices are fully charged before the beginning of a session. If, for some reason, there is a significant delay, please contact the CAPS of ME office to discuss what to do next.
- Telemedicine may not be appropriate at all times or for all people. It may not be appropriate for a person who is currently experiencing a crisis situation requiring high levels of support and intervention. In order to participate in telemedicine, a safety plan with CAPS of ME will be developed that includes at least one emergency contact and the closest emergency room to your location, in the event of a crisis situation. This may also require CAPS of ME contacting third party supports, i.e. 911 or Mobile Crisis Stabilization Unit.
- It is important to be on time. If you need to cancel or change your telemedicine appointment, you must notify your mental health provider in advance by phone or email, per the Cancellation Policy noted above.
- The same rates apply for telemedicine as in-person appointments. You should confirm with your insurance company that the video-conferencing or other telehealth sessions will be reimbursed; if they are not reimbursed, you are responsible for full payment. Maine law requires parity for payment of in-person and video telemedicine services, but there are some exceptions. Additionally, laws regulating telemedicine may change, resulting in increased or decreased telemedicine coverage.
- As your mental health provider, I may determine that due to certain circumstances, telemedicine is no longer appropriate and that we should resume our sessions in-person.

I have read and understood the information provided above. I have had the opportunity to ask questions about this information and all of my questions have been answered. I hereby consent to participate in telemedicine services under the terms described above. If I do not wish to participate in this service, please check the corresponding box.

Revocation: **I wish to revoke** the consent given above with the understanding that my revocation will not affect anyone who takes action in reliance upon this Consent Form without notice of revocation.

Signature of Patient or guardian: _____ Date: _____

CAPS of ME Staff Signature: _____ Date: _____