

CATALYST LIFE SERVICES

SUBJECT: **Telepsychiatry Procedure**
SECTION: **Information Systems (IS)**

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PURPOSE:

To set forth the procedure for telepsychiatry services.

PROCEDURE:

I. Decision to Use Telepsychiatry

The decision for use of telepsychiatry is at the discretion of the consulting clinician. The decision includes ensuring that there are no contraindications for the client. The client needs to be able and willing to participate in telepsychiatry.

II. Personnel Training

All personnel involved with the telepsychiatry services will receive competency-based training on the equipment prior to using. The training will include the following:

- a. Features and set up.
- b. Proper use
- c. Maintenance and safety considerations.
- d. Infection control and troubleshooting

III. Informed Consent

Telepsychiatry Informed Consent form must be signed prior to providing the service.

IV. Technology

Prior to the start of each session, the following information will be verified:

- a. The necessary technology and/ or equipment is available at the originating site and the remote site.
- b. The equipment and technology is functioning properly.

V. Identity and Location

At the beginning of a video-based mental health treatment encounter with a client, the following essential information shall be verified:

- a. The name and credentials of the professional and the name of the client shall be verified.
- b. The location where the client will be receiving services and where the provider is delivering care by videoconferencing shall be known by all parties.
- c. The contact information for both provider and client shall be verified.
- d. Verification of expectations regarding contact between sessions.

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VI. Client Safety

Appropriate medical staff will be available to assist the client and will be in communication with the provider as needed to ensure the safety of the client.

VII. Documentation and Record Keeping

Professional will document directly into the agency's electronic health record. Staff on site with the client will be able to provide handouts and other appropriate information to the client.



Telepsychiatry Informed Consent

Introduction

Telepsychiatry is the delivery of psychiatric services using interactive audio and visual electronic systems where the psychiatrist and the patient are not in the same physical location.

The interactive electronic systems used in telepsychiatry incorporate network and software protocols to protect the confidentiality of patient information and audio and visual data. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption.

By signing this consent form, I understand the following statements:

1. The laws that protect privacy and confidentiality of medical information also apply to telepsychiatry, and no information obtained in the use of telepsychiatry which identifies me will be disclosed to others without my consent.
2. The platform used by Catalyst Life Services is encrypted to prevent unauthorized access to my private medical information.
3. I have the right to withhold or withdraw my consent to the use of telepsychiatry in the course of my care at any time, without affecting my rights to future care or treatment.
4. Catalyst Life Services providers have the right to withhold or withdraw consent for the use of telepsychiatry during the course of my care at any time.
5. Catalyst Life Services will maintain a progress note for this session in my electronic health record.
6. A variety of alternative methods of care may be available to me and I may choose one or more of these at any time.
7. I will not record any telepsychiatry sessions without written consent from a Catalyst Life Services provider.
8. Catalyst Life Services providers will not record any of our telepsychiatry sessions without my written consent.
9. All rules and regulations which apply to the practice of medicine in the state of Ohio also apply to telepsychiatry.

Patient Consent to the Use of Telepsychiatry

I have read and understand the information provided above regarding telepsychiatry, have discussed it with my provider, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telepsychiatry in my medical care and authorize Catalyst Life Services to use telepsychiatry in the course of my diagnosis and treatment.

Printed Name of Client

Date

Patient or Parent/Legal Guardian Signature

Relationship to patient

Medical Staff (Witness)

Date