

**PLEASE REVIEW THIS NOTICE CAREFULLY BEFORE SIGNING**

Telepsychiatry is a form of telemedicine that utilizes videoconferencing technology, telecommunication systems, and clinical note-taking tools to administer psychiatric care to patients. Any electronic systems used will implement network and software security protocols to protect the confidentiality of the patient, and safeguard against intentional or unintentional corruption of identification and imaging data. ClearInsight Psychiatry, Inc utilizes the following HIPAA-compliant encrypted software: Doximity, Cisco Webex, other tools in the course of mental health services.

### **Telehealth Options:**

Virtual appointments should be considered as an adjunct, rather than a substitute for physical examinations. It is my duty to inform my psychiatrist of any other healthcare providers involved in my care, to supplement my telepsychiatry treatment. I understand there are potential benefits and risks associated with telemedicine, as with any medical procedure, and that no outcome can be guaranteed.

### Potential Benefits:

- **Improved access to healthcare** by enabling a patient to remain in their local community, and benefit from flexible hours in addition to receiving care in a more comfortable setting
- **Opportunities for mental health specialists to observe** you in your home environment, allowing them to assess your ability to navigate and take care of yourself in your home
- **Efficient psychiatric management**, as mental health professionals can send patients appointment reminders, coping techniques, mental health resources and information over electronic communication systems immediately, as well as effectively coordinate care with other physicians involved in your care

### Potential Risks:

- **Synchronous data transmitted is prone to influence from external factors** (e.g. image resolution, bandwidth speed, patient's surrounding environment), and may cause inaccuracy in clinical decision-making
- **Delays in medical attention and treatment** occurring due to deficiencies or failures in telecommunication equipment or software
- **Rare instances where security systems fail**, causing a breach in patients' data
- **Possible lack of comprehensive medical information** may result in adverse drug interactions or allergic reactions

### **Documentation of Medical Information:**

I understand any information transmitted via telepsychiatry will be considered part of my medical record, and are subject to the same laws that protect the privacy of my medical information, my right to examine this information, and my right to obtain copies at a reasonable fee. No information identifying me will be disclosed to researchers or other entities without my consent.

Use of note-taking tools to streamline clinical documentation enhances the quality of the care you receive at our clinic by allowing ClearInsight Psychiatry providers to better focus on patient care during their appointment. We utilize an AI Scribe software called Heidi to accurately capture the details of appointment outcomes, as well as clinical discussions with your provider, which is then converted to

text and summarized into a clinical note. All clinical notes are individually reviewed and adjusted for accuracy by your provider before being included in your electronic medical record. Rest assured, Heidi is fully encrypted and HIPAA compliant. It employs a specialized transcription process, ensuring no recordings and patient information are stored in its privately hosted servers to protect your medical information and confidentiality. Your consent to the use of these tools is imperative to the administration of your mental health treatment at our clinic.

**Telepsychiatry Authorization:**

A variety of alternative methods of psychiatric care are available to me, and I may choose one or more of these at any time. I have the right to opt out of the use of telepsychiatry and telecommunication tools in the course of my treatment, without affecting my right to future care or continuation of treatment.

**My Telehealth Responsibilities:**

I acknowledge I have read and understood the information provided above regarding telepsychiatry, and will discuss any lingering concerns I may have, not covered in this document, with my ClearInsight Psychiatry provider. Should I choose telepsychiatry as a method of care, I shall have the following responsibilities:

1. I will not record any telepsychiatry session without the prior written consent of Dr. Liang and Dr. Liang’s associates involved in my care.
2. I will inform my ClearInsight provider of any other person or entity within my proximity that may be able to see or hear any part of our remote session before the session begins. Likewise, Dr. Liang will inform me of any entity within her proximity that may compromise the confidentiality of our session.
3. I understand that I **must** be a resident of California to be eligible for telepsychiatry services from ClearInsight Psychiatry, Inc.
4. I understand ClearInsight does not offer telepsychiatry for initial evaluations, and that my first consultation must be in-person, unless extenuating circumstances call for otherwise.
5. I understand my health insurance company may or may not cover services provided over telehealth, and it is my responsibility to pay for services not covered.

Upon signing below, I hereby authorize ClearInsight Psychiatry, Inc to use telecommunication systems and note-taking tools in the course of my diagnosis and mental health treatment.

**Patient Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_

**Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_