

# Chapel Hill Psychiatric Associates, PA

## Telehealth/Electronic Communications and Payment Policy

By signing this document, you acknowledge that you have read and understand the following information regarding telehealth and electronic communications and agree to the terms described herein.

- **Privacy Risks and Encryption:**
  - CHPA recognizes the privacy risks inherent to telehealth, email, and text messaging.
  - To limit these risks, we use a fully encrypted HIPAA compliant telehealth platform, and offer the option for free, fully encrypted email.
  - Note that while encryption secures the transmission of the communication, it does not address privacy risks that are under your control, such as the location you select for your participation in telehealth, or your use of non-secure email platforms.
  - If you would like to use fully encrypted email, please go to protonmail.com and register for a free account.
- **CHPA Communication:**
  - CHPA uses email communication for some appointment reminders, to send a rare advisory message by mass email, and to facilitate our compliance with the mandated programs “No Surprises,” also known as “Good Faith Estimate.”
    - If you are not receiving two appointment reminders, or want the type of reminder changed, please call the main office at 919 636-5695 to discuss your preferences.
- **Additional risks of electronic communication include but are not limited to:**
  - Employers and online services may have a legal right to inspect electronic communications that pass through their system.
  - Electronic communications can introduce malware into a computer system, and potentially damage or disrupt the computer, networks, and security settings.
  - Electronic communications can be forwarded, intercepted, circulated, stored, or even changed without the knowledge or permission of CHPA or the patient.
- **Your Rights with Respect to Telehealth/Telephone/Email Communication:**
  - You have the right to withhold or withdraw your consent to the use of telehealth/telephone/email communication at any time. If you wish to withdraw consent, please contact your provider(s) and the front desk, by phone or voicemail, and then in writing.
  - Providing a text-capable phone number and/or email is considered consent for CHPA to use those methods for communication of routine information such as appointments and notices.
  - Initiation of communication that includes personal information is considered consent for CHPA to reply using that form of contact.
- **Concerns Regarding Insurance Coverage as the Public Health Emergency expires May 11, 2023:**
  - Waivers regarding copays, telehealth coverage, and encryption of communication may now expire.
  - It is your responsibility to contact your insurance company regarding whether your scheduled form of appointment will be covered, and to discuss any restrictions with your provider(s).
  - By signing this document, you acknowledge that you will be responsible for charges that are denied.
- **Emergency and Crisis Situations:**
  - By signing this document, you agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based mental health services. If you are in crisis or in an emergency, you should immediately call 9-1-1 or seek help from a hospital or crisis-oriented health care facility in your immediate area.

**By signing this document, you hereby affirm that you have read and understand the information provided above regarding telehealth and electronic communications.**

- You consent to the use of telehealth services for treatment under the terms described herein.
- You acknowledge that it is your responsibility to determine whether your appointment type is covered by your insurance and that you will be responsible for charges that are denied.

Signature \_\_\_\_\_ Date \_\_\_\_\_

- You consent to the use of email and text communication. Please call 919 636 5695 if you do not agree to email and/or text communication.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

\_Revised 3/2023