

Chapel Hill Psychiatric Associates, PA

Informed Consent for Telehealth/Telephone Services

Definition of Telehealth/Telephone Services: Telehealth at Chapel Hill Psychiatric Associates (CHPA) involves the use of live, interactive, video and audio electronic systems by clinicians to provide psychological and/or psychiatric health care to clients. Telephone services are limited to interactive audio communications used in the provision of care.

I understand that I have rights with respect to telehealth/telephone services:

1. The laws that protect the confidentiality of my personal information apply to telehealth/telephone services. Copies of the CHPA Office Policies and Procedures and Notice of Privacy Practices are available at chapelhillpa.com and on request.
2. I understand that I have the right to withhold or withdraw my consent to the use of telehealth/telephone services in the course of my care at any time. **I understand that during the Covid-19 pandemic crisis, in person visits may not be available.** If I withdraw consent for telehealth services, I may choose to change to telephone services. While I understand that each CHPA provider will do her/his best to continue to provide high quality care, telephone only communication may be less secure, limits the information available to my provider(s), and may therefore impact my care. Telephone only treatment is typically not covered by insurance, in which case I may be required to pay my provider(s) self-pay rate for appointments.
3. I understand that despite reasonable efforts on the part of my provider(s), there are risks and consequences related to telehealth/telephone services, including but not limited to: the possibility that the transmission of my personal information could be disrupted or distorted by technical failures, and/or intercepted by unauthorized persons. CHPA uses secure, encrypted HIPAA compliant audio/video communication software to deliver telehealth services. The security of telephone services, however, is not determined or controlled by CHPA. I understand that it is my responsibility to determine that the location from which I participate in the appointment provides the level of privacy I require. I understand that my CHPA provider(s) has/have no control over privacy breaches that occur as a result of my actions.
4. CHPA clinicians follow the State of NC laws for telehealth, as well as their respective board regulations and ethics.
5. By signing this document, I agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based mental health services. If I am in crisis or in an emergency, I should immediately call 9-1-1 or seek help from a hospital, or crisis-oriented health care facility, in my immediate area.

Payment for Telehealth Services:

CHPA will bill insurance for telehealth services when these services have been determined to be covered by an individual's insurance plan. The standard copay and/or deductibles will apply. I understand that it is my responsibility to confirm that my insurance pays for the requested services. In the event that insurance does not cover telehealth, I will be expected to pay self-pay rates for the appointment(s). I may at any time, review what self-pay rate would apply to my treatment. Both telehealth and telephone services are eligible for coverage under FSA/HSA/HRA plans. We can provide you with a statement of service to submit to your insurance company or benefits manager.

Patient Consent to the Use of Telehealth:

By my signature below, I hereby affirm I have read and understand the information provided above regarding telehealth and telephone services. I have had the opportunity to discuss it with my provider(s), and all of my questions have been answered to my satisfaction. I hereby give my informed consent to participate in the use of telehealth/telephone services for treatment under the terms described herein.

Print Name _____ Date _____

Client's Signature _____

610 Jones Ferry Road Suite 208
Carrboro, NC 27510-6113

Phone: 919.636.5695
Fax: 919.442.1105