



INFORMED CONSENT FOR TELEMEDICINE SERVICES

What is telemedicine?

This is a consent to participate in telemedicine services with Transformations: Adult & Geriatric Psychiatry, PC through a HIPAA compliant two-way audio/video link. The purpose of these services is to evaluate and treat your mental health condition(s). This care is governed by the same protections and limitations as in-person care (see Transformations Notice of Privacy Policies and Conditions of Treatment forms). You can visit your provider from any place, including your home. You do not need to go to a clinic.

How does telemedicine help me?

- Potential benefits of telemedicine are increased access to care and convenience.
- You do not have to go to a clinic to see your provider.
- You would not risk getting sick from others who may be sick in the office setting.

Can telemedicine be bad for me?

- You and your provider will not be in the same room, so it may feel different than an office visit.
- Possible risks include interruption/disconnection to the audio/video link, delay in treatment due to failure of equipment, need for internet connection that may fail, and the lack of access to all information that may be available in an in-person visit.
- Your provider may make a mistake because he/she cannot examine you as closely as at an office visit. It is not known if mistakes are more common with telemedicine visits.
- Your provider may deem a telemedicine encounter inappropriate for your care needs. In that case, a different follow-up plan will be offered.

Will my telemedicine visit be private?

- We do not record visits with your provider.
- If people are close to you, they may hear or see something you did not want them to know. You should be in a private place, so other people cannot hear you.
- Since Transformations is a private solo practice, we do not anticipate anyone else being in the office while your visit is in progress.
- We use telemedicine technology that is designed to protect your privacy.
- Please use an internet network that is private and secure.
- There is a very small chance that someone could use technology to hear or see your telemedicine visit.
- Our telemedicine platform uses a high level of security and is HIPAA compliant. The security measures taken include encrypting all data, password protected access to data, and other files. In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information. You and your provider will need to address any issues or concerns as they arise.

What if I want an office visit, not a telemedicine visit?

For now, almost all visits are by telemedicine. Transformations however is in the process of securing office space for in-person visits in the very near future.

Alternatively, we will make every effort to identify a provider who can better meet your needs. You may also contact your insurance company to obtain a list of in-network providers who may be better able to accommodate your requirements.

What if I try telemedicine and don't like it?

- You can stop using telemedicine any time, even during a telemedicine visit.
- We will provide an in-office visit once Transformations secures office space.
- If you decide you do not want to use telemedicine again, please call 570 989 1921 or email ajb@transformationspsychiatry.net or use

your Kareo Patient Portal to message us. It will be as if you never signed this form.

How much does a telemedicine visit cost?

- What you pay depends on your insurance.
- A telemedicine visit will not cost any more than an office visit.
- If your provider decides you need an office visit in addition to your telemedicine visit, you may have to pay for both visits.

Do I have to sign this document?

No. Only sign this document if you want to use telemedicine. Your provider will discuss this consent form in detail with you at the time of your first telemedicine encounter. He will also verbally seek your consent for telemedicine encounters at each subsequent visit.

BY SIGNING THIS FORM, I ATTEST TO AND UNDERSTAND THE FOLLOWING:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent,
2. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment,
3. I understand that I have the right to inspect all information obtained and recorded in the course of telemedicine interaction, and may receive copies of this information for a reasonable fee,
4. I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time. Dr. Ashok J Bharucha has explained the alternatives to my satisfaction,
5. I understand that telemedicine may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas, including out of state.
6. I understand that it is my duty to inform Dr. Ashok J Bharucha of electronic interactions regarding my care that I may have with other healthcare providers.
7. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.
8. I attest that I am located in the state of Pennsylvania and will be present in the state of Pennsylvania during all telehealth encounters with Dr. Ashok J Bharucha.

PATIENT CONSENT TO THE USE OF TELEMEDICINE

I have read and understand the information provided above regarding telemedicine, have discussed it with my physician or such assistants as may be designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my medical care.

I understand a copy of this form will be available for me to print.

I hereby authorize Dr. Ashok J Bharucha to use telemedicine in the course of my diagnosis and treatment.