

Brett Yamane MD, PLLC

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Telepsychiatry Informed Consent

In order to receive telepsychiatry services from Brett Yamane, MD, PLLC you must be a **Washington** State Resident.

As defined by the American Psychiatric Association, “Telemedicine is the process of providing health care from a distance through technology, often using videoconferencing. Telepsychiatry, a subset of telemedicine, can involve providing a range of services including psychiatric evaluations, therapy (individual therapy, group therapy, family therapy), patient education and medication management.

Telepsychiatry can involve direct interaction between a psychiatrist and the patient. It also encompasses psychiatrists supporting primary care providers with mental health care consultation and expertise. Mental health care can be delivered in a live, interactive communication. It can also involve recording medical information (images, videos, etc.) and sending this to a distant site for later review.”

Videoconferencing (VC) refers to real-time, generally 2-way, transmission of digitized video images between people at physically different locations using an encrypted, HIPAA compliant telecommunications system.

The VC platform used by Brett Yamane MD, PLLC is Doxy.me. It is encrypted to the Federal Information Processing Standard (FIPS) 140-2, HIPAA compatible, and signs a HIPAA Business Associate Agreement (BAA) attesting to its compliance. Directions for secure log-in are provided, and it is asked to sign in 5 minutes before your session begins. You are responsible for initiating the connection at the time of your appointment. Confirmation of your contact information and physical location at the start of each session is required. You will need to provide an emergency contact to proceed.

The potential benefits of telepsychiatry are:

- Reduced wait time to receive psychiatric care.
- Avoiding the need to travel to a psychiatrist.
- Obtain the expertise of a distant specialist.

The potential risks of telepsychiatry include, but are not limited to:

- A telepsychiatry session will not be exactly the same, and may not be as complete, as a face-to-face office visit.
- In rare cases there could be technical problems (video quality, internet connection) that affect the telepsychiatry session and therefore the decision-making capability of the provider.

- The provider may not be able to provide medical treatment using interactive electronic equipment nor provide for or arrange for emergency care that you may require.
- In rare cases a lack of access to all the information that might be available in a face-to-face visit, but not in a telepsychiatry session, may result in judgement errors.
- Deficiencies or failures of the equipment may lead to delays in medical evaluation and treatment.
- Brett Yamane MD, PLLC, utilizes Doxy.me that meets the recommended standards to protect the privacy and security of telepsychiatry sessions. However, in very rare instances security protocols could fail causing a breach of privacy of personal medical information.

Alternatives to the use of telepsychiatry:

- Traditional face-to-face sessions.

Financial Obligation:

- I understand the structure and cost of telepsychiatry sessions are the same as face-to-face sessions.
- I understand that if I am using insurance, it is my responsibility to contact my insurance company to determine what out-of-pocket expenses may be.
- I understand that I am responsible for any fees incurred during treatment that incorporates telecommunications that are not covered by insurance.
- I understand that if I use insurance, I authorize insurance benefits to be paid directly to Brett Yamane MD, PLLC and that Brett Yamane MD, PLLC may release any information to my insurance provider required for processing my claims.
- I understand that if I am self-pay, I agree to pay the fees associated with my appointment at the time of my appointment.
- I understand that I am responsible for cancelled telepsychiatry visits in accordance with Brett Yamane, MD, PLLC cancellation policy.

I understand that I have the following rights with respect to telepsychiatry:

- I understand I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
- I understand the laws that protect the confidentiality of my medical information also apply to telepsychiatry.
- I understand that the dissemination of any personally identifiable images or information from the telepsychiatry interaction to researchers or other entities shall not occur without my written consent.
- I understand that there are risks and consequences from telepsychiatry, including, but not limited to, the possibility, despite reasonable efforts on the part of my psychiatrist, that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical

information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons.

- I understand that I may benefit from telepsychiatry, but that results cannot be guaranteed or assured.
- I understand that I have a right to access my medical information and copies of medical records in accordance with Washington State Law.

Patient's Responsibilities

- I understand I will not record any telepsychiatry sessions without written consent from my provider. I understand that my provider will not record any of our telepsychiatry sessions without my written consent.
- I understand I will inform my provider if any other person can hear or see any part of our session before the session begins. The provider will inform me if any other person can hear or see any part of our session before the session begins.
- I understand that I, not my provider, am responsible for the configuration of any electronic equipment used on my computer that is used for telepsychiatry. I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins. I understand that I must be a resident of the State of Washington to be eligible for telepsychiatry services from Brett Yamane MD, PLLC.
- I understand that my psychiatrist determines whether or not the condition being diagnosed and/or treated is appropriate for a telepsychiatry encounter.
- I understand that for safety reasons my psychiatrist requires confirmation of my contact information and physical location at the start of each session, and that I need to provide an emergency contact to proceed.
- I understand that if the telepsychiatry session does not achieve everything that is needed, then I will be given a choice about what to do next. This could include a follow up face-to-face visit, or a second telepsychiatry visit.
- I understand that I may expect the anticipated benefits from the use of telepsychiatry in my care, but no results can be guaranteed or assured.
- I understand that it is my duty to inform my psychiatrist of any other healthcare providers involved in my medical/psychiatric care.
- I understand I can change my mind and stop using telepsychiatry at any time, including in the middle of a video visit. This will not make any difference to my right to ask for and receive health care.

Patient Consent To The Use of Telepsychiatry

I have read and understand the information provided above regarding telepsychiatry, have discussed it with my psychiatrist, 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.

I hereby authorize Dr Yamane to use telepsychiatry in the course of my diagnosis and treatment.

Name of Patient (First and Last): * _____

Signature of Patient: * _____

Emergency Contact (Name, Address, Phone):

Date: * _____