

Lily Health and Wellness Center

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Patient Consent for Telehealth Consultation, Treatment, and Services

This document provides important information regarding telehealth services provided by **Lily Health and Wellness Center Telepsychiatry**. Please review this consent carefully before signing.

Telehealth Services Overview

I understand that my health care provider will engage in telehealth consultations with me using secure video conferencing technology. I acknowledge that:

- Telehealth consultations differ from in-person visits because I will not be in the same physical location as my provider.
- Telehealth may offer benefits such as increased access to care, convenience, and flexibility in location.
- Telehealth services involve potential risks, including technical failures, interruptions, or unauthorized access to electronic communications.
- Either my provider or I may discontinue a telehealth session if the connection is inadequate or if the clinical situation requires an alternative format.

I confirm that I have had the opportunity to ask questions regarding telehealth services and that the risks, benefits, and alternatives have been explained to me in a language I understand.

Telehealth Platform Information (Doxy.me / Kareo)

Lily Health and Wellness Center Telepsychiatry utilizes **Doxy.me and/or ICANotes/Zoom** to conduct telehealth video appointments.

By signing this consent, I acknowledge and agree that:

- Telehealth services are **not emergency services**. In the event of a medical or psychiatric emergency, I will call **911** or go to the nearest emergency room.
- Doxy.me and ICANotes/Zoom provide video conferencing and telehealth technology only and do not offer medical advice, diagnosis, or treatment.

- My provider is responsible for my clinical care, not the telehealth technology platform.
 - I will not assume that my provider has access to any technical data stored by the telehealth platform.
 - I will not share my telehealth appointment link with unauthorized individuals.
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Informed Consent and Confidentiality

By signing this form, I confirm that:

- I have read or had this document explained to me and fully understand its contents.
 - I have been given adequate opportunity to ask questions, and all questions have been answered to my satisfaction.
 - I understand that all communications are private, confidential, and legally protected, except as otherwise required by law or authorized by me in writing.
 - I understand that technical issues may occasionally interfere with telehealth sessions.
 - I acknowledge that there are **no guarantees of treatment outcomes**.
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Financial Responsibility and Practice Policies

I understand and agree that:

- I am responsible for verifying insurance coverage and network participation prior to receiving services.
 - Payment, including copayments or self-pay fees, is due at the time of service.
 - I may contact my provider through secure messaging within the patient portal for non-urgent questions.
 - I am responsible for maintaining the privacy and security of the devices and networks I use to access telehealth services, including password protection.
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Behavioral Expectations and Discharge

I understand that:

- I may be immediately discharged from care if my behavior poses a threat to providers, staff, or Lily Health and Wellness Center property.
 - In the event of discharge, I will be provided with referral options for continued care, and I am responsible for arranging follow-up services promptly.
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Right to Withdraw Consent

I understand that I may revoke my consent for telehealth services and discontinue treatment at any time.

Acknowledgment and Signature

By signing below, I acknowledge that I have read, understand, and voluntarily agree to all terms, services, practices, and policies described in this document, the Lily Health and Wellness Center Telepsychiatry Patient Handbook, and as explained by my provider. I voluntarily consent to receive psychiatric and/or mental health services via telehealth.

Patient Name (Last, First): _____

Date of Birth: _____

Patient Signature: _____

Date: _____