



Adler Psychiatry
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TELEHEALTH CONSENT, POLICY, and AGREEMENT

This form is in addition to the regular Adler Psychiatry, Policies, Agreement and Consent Form and Notice of Privacy Practices for Protected Health Information commonly known as HIPAA. You must sign all in order to participate in Telehealth sessions.

Required Information at Every Visit

- Name, location, and telephone number of the patient at time of session. This is to ensure that your practitioner is aware of alternative means of treatment should an emergency occur.
- Name, location, and telephone number of the provider at time of session.

Telehealth incorporates email, phone and video technology. This is to inform you about what you can expect regarding your participation in Telehealth.

Benefits: The benefits to Telehealth are:

1. The ability to expand your choice of service provider.
2. More convenient counseling/pharmacotherapy options.
3. Reduces the overall cost and time of treatment due to transportation to and from an office.
4. Ability to have real time monitoring and reduces the wait time for scheduling office appointments.
5. Increased availability of services to homebound clients, clients with limited mobility, and clients without convenient transportation options.

Limitations: It is important to note that there are limitations to Telehealth that can affect the quality of the session(s). These limitations include but are not limited to the following:

1. Due to technology limitations we may not hear all of what you are saying and may need to ask you to repeat things.
2. Technology might fail before or during the telehealth session. Our second line of communication will be via telephone
3. Although every effort is made to reduce confidentiality breaches, breaches are possible
4. To reduce the effect of these limitations, we may ask you to describe how you are feeling, thinking, and/or acting in more detail than we would during a face-to-face session. You may also feel that you need to describe your feelings, thoughts, and/or actions in more detail than you would during a face-to-face session.

Logistics: When we provide phone/video treatment sessions, we will use your Patient Portal with us, or we can send you a link for the appointment, both are HIPAA compliant platforms. We expect that you are

available at our scheduled time and are prepared, focused and engaged in the session. We are calling you from a private location where we are the only person in the room, you also need to be in a private location where you can speak openly without being overheard or interrupted by others to protect your own confidentiality. If you choose to be in a place where there are people who may hear you, we cannot be responsible for protecting your confidentiality.

Every effort MUST be made on your part to protect your own confidentiality. We suggest you wear a headset to increase confidentiality and also increase the sound quality of our sessions. Please know that we cannot guarantee the privacy or confidentiality of conversations held via phone, as phone conversations can be intercepted either accidentally or intentionally. Please assure you reduce all possibilities of interruptions for the duration of our scheduled appointment.

Please know that as a result of legal and ethical mandate we can only practice in the state(s) in which we are licensed. That means wherever you permanently reside we must be licensed. You agree to inform us if your treatment location has changed or if you have relocated your domicile to a different jurisdiction.

Connection Loss During Video Sessions: If we lose our connection during a video session, we will call you to troubleshoot the reason we lost connection and complete our session via phone if possible. If this is not possible, depending on when our loss of connection occurred, you will be asked to reschedule and/or be charged the full session rate

Connection Loss During Phone Sessions: If we lose our phone connection during our session, we will call you back immediately. Please also attempt to call us at 505-807-0055 if we cannot reach you. If we are unable to reach each other due to technological issues, we will attempt to call you two times via an alternate number. If we cannot reach you, depending on when our loss of connection occurred, you will be asked to reschedule and/or be charged the full session rate. The alternate number may show up as restricted or blocked please be sure to pick it up.

Safety: If we have concerns about your safety at any time during a phone/video session, we will need to break confidentiality and call emergency services in the area you are located at the time of the call and/or your emergency contact immediately.

Consent to Participate in Telehealth Sessions: By signing below, you agree that you have read and understand all of the above sections of Telehealth informed consent. You agree that you also understand the limitations associated with participating in Telehealth sessions and consent to attend sessions under the terms described in this document.

Updated 12/1/2021

Client's Printed Name: _____

Client's Legal Representatives Name: _____

If client is a minor / has a guardian:

Parent / Guardian Printed Name: _____

The CLIENT MUST sign the consent if they are able to do so. The only exceptions are if the client is a minor, or has a legal document giving permission for someone else to sign on their behalf.

Client / Clients LEGAL Representative / Parent or
Guardian Signature

Date