

Informed Consent for Telehealth - Minor

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This informed consent form is to provide you with information about telehealth services and to obtain your consent to receive these services. Telehealth is the delivery of healthcare services through telecommunications technology, such as video conferencing or phone calls.

Benefits and Risks of Telehealth

Telehealth can offer many benefits, including:

- Convenience: Telehealth allows you to receive care from your home or another convenient location.
- Access to care: Telehealth can help you access care from specialists who may not be available in your area.
- Cost savings: Telehealth can be less expensive than traditional in-person care.

However, telehealth is not without risks. Some of the potential risks of telehealth include:

- Technical difficulties: Telehealth appointments can be interrupted by technical problems, such as poor internet connection or audio quality.
- Privacy concerns: It is important to make sure that your telehealth provider uses secure technology to protect your privacy.
- Lack of physical exam: Telehealth providers may not be able to perform a physical exam, which may limit their ability to diagnose or treat certain conditions.

Rights and Responsibilities

As a patient, you have the right to:

- Choose whether or not to receive telehealth services.
- Ask your provider questions about telehealth and the risks and benefits involved.
- End the telehealth appointment at any time.
- Request a copy of your medical records.
- File a complaint if you believe your privacy has been violated.

You also have the responsibility to:

- Provide your provider with accurate and complete information about your medical history and symptoms.
- Follow your provider's instructions for using telehealth technology.
- Keep your telehealth appointment confidential.

Your provider has the responsibility to:

- Provide you with information about telehealth and the risks and benefits involved.
- Obtain your consent before providing telehealth services.
- Protect your privacy and the confidentiality of your medical information.
- Provide you with high-quality care that meets the same standards as in-person care

As a minor, you have the right to:

- Ask questions about telehealth and the risks and benefits involved.
- Refuse to participate in the telehealth appointment at any time.
- Ask for a parent or guardian to be present during the telehealth appointment.

You also have the responsibility to:

- Provide your provider with accurate and complete information about your medical history and symptoms.
- Be honest and open with your provider.

Your parent or guardian also has the right to:

- Choose whether or not you receive telehealth services.
- Ask your provider questions about telehealth and the risks and benefits involved.
- End the telehealth appointment at any time.
- Request a copy of your medical records.
- File a complaint if they believe your privacy has been violated.

Your parent or guardian also has the responsibility to:

- Supervise you during the telehealth appointment.
- Keep your telehealth appointment confidential.

Additional Information

Telehealth services can only be provided to patients who are residing in the state of Texas at the time of service.

Telehealth services are not a substitute for all in-person care. Your provider may recommend that you receive in-person care for certain conditions.

Telehealth visits must be completed via video, audio-only visits are against clinic policy to ensure quality of care.

Telehealth appointments cannot be completed while the patient is driving, or if they are in a crowded or noisy location.

Consent

I have read and understood this informed consent form. I agree to receive telehealth services from Flatland Psychiatry. I understand that in-office appointments are not available and that the practice is 100% remote. I understand that I have the right to end the telehealth appointment at any time.

If you are a minor, your parent or guardian must sign this consent form on your behalf. If you are between the ages of 13 and 18, you may also need to sign this consent form.

Patient Name: _____

Signature: _____ **Date:** _____

It is Flatland Psychiatry's policy to get consent from both parents/guardians in the event of divorce/separation unless a court order is provided that specifies one parent has full authority over healthcare decisions. This signature and information below will be needed in such situations

Legal Guardian 1: _____

Relationship to Patient: _____

Signature: _____ **Date:** _____

Legal Guardian 2: _____

Relationship to Patient: _____

Signature: _____ **Date:** _____