TRIANGLE PSYCHIATRIC SERVICES, PA

2501 Atrium Drive, Suite 250 • Raleigh, NC 27607
919-845-1555 • Fax 919-845-1558

TELEHEALTH INFORMED CONSENT

For psychotherapy, medication management, and related outpatient services

Telehealth uses electronic communication—usually live video or audio—to provide care when the patient and clinician are in different locations. This form supplements, and does not replace, TPS's general consent to treatment, Notice of Privacy Practices, and patient-responsibility agreements.

1. Potential benefits

- Improved access to psychiatric care, continuity with your clinician, and reduced travel or scheduling burden.
- Timely review of symptoms, medications, treatment progress, and relevant records when telehealth is clinically appropriate.

2. Risks and limitations

- Technology may fail, connections may be interrupted, or sound and images may be incomplete, delayed, or misunderstood.
- Despite reasonable safeguards, electronic communications may carry privacy or security risks, including risks created by your device, network, surroundings, or other people nearby.
- A remote visit may not allow the same examination or information as an in-person visit. Your clinician may require vital signs, laboratory testing, an in-person assessment, or referral to another professional before making or continuing a diagnosis or treatment plan.
- Telehealth may not be appropriate for every condition or every visit. No particular clinical outcome or prescription is guaranteed.

3. Alternatives and clinical appropriateness

- You may ask about an in-person appointment or another available care option. You may also choose another qualified clinician, subject to availability, insurance, and ordinary practice policies.
- Your clinician may stop or decline a telehealth visit when the standard of care cannot be met remotely and may recommend in-person care, testing, urgent evaluation, or referral.

4. Location, identity, and emergency planning

- At the start of each visit, TPS will verify your identity, current physical location, and a callback number. You must provide accurate information and promptly report any change of location.
- You should be physically located in North Carolina unless your clinician confirms in advance that care is permitted where you are located. Care is legally considered to occur where the patient is located.
- Telehealth visits are not emergency services. For an immediate threat or medical emergency, call 911 or go to the nearest emergency department. For a mental-health or suicide crisis, call or text 988. Do not wait for a portal message or routine callback.
- For safety, TPS may request a local emergency contact and may contact emergency services or an appropriate support person when clinically necessary or permitted by law.

At each visit: Be prepared to state the address where you are physically located and the best phone number to use if the connection fails.

5. Technology, privacy, and recording

- Use the secure platform designated by TPS and a device, network, and private setting that you consider reasonably secure. Headphones are recommended. Do not participate while driving.
- Tell your clinician if another person is present or can hear the visit. TPS cannot control privacy in your location or the security of your personal device or network.
- If technology fails, TPS may call you, try an alternate clinically and legally appropriate method, reschedule, or arrange in-person care. Audio-only care may be used only when appropriate and permitted.
- No patient, clinician, or other participant may record a visit unless everyone participating gives express advance permission.

TRIANGLE PSYCHIATRIC SERVICES, PA

2501 Atrium Drive, Suite 250 • Raleigh, NC 27607
919-845-1555 • Fax 919-845-1558

TELEHEALTH INFORMED CONSENT

For psychotherapy, medication management, and related outpatient services

Patient name: _____ **Date of birth:** _____

6. Clinical care and prescribing

- Telehealth may be used for psychotherapy, medication management, assessment, psychoeducation, care coordination, and other outpatient services within the clinician's scope and professional judgment.
- Telehealth is held to the same standard of care as an in-person visit. Your clinician will use the information and technology reasonably available and will document the encounter in your medical record.
- Medication prescribing—including controlled substances—is subject to clinical judgment and all applicable federal and state laws. Signing this form does not guarantee that any medication will be prescribed or continued.

7. Confidentiality and medical records

- The same privacy and confidentiality laws that apply to in-person care generally apply to telehealth. TPS's Notice of Privacy Practices explains permitted uses and disclosures, including disclosures required or allowed by law.
- Communications and clinical information used during telehealth may become part of your medical record. You may request access to your record as allowed by law and TPS policy.

8. Voluntary choice, withdrawal, and duration

- Telehealth is voluntary. You may withhold or withdraw this consent at any time by notifying TPS. Withdrawal applies prospectively and will not undo care already provided or documentation already created.
- Declining telehealth will not by itself end your access to care, but it may affect which services TPS can practically provide. TPS will discuss available alternatives and appropriate referrals when needed.
- This consent remains effective for future TPS telehealth visits until you withdraw it or TPS requests a new consent because the service, risks, or applicable requirements materially change.

9. Practice policies and optional documentation technology

- Fees, insurance, payment, cancellations, and missed appointments are governed by TPS's current patient-responsibility agreements; they are not changed by this consent.
- Signing this form does not authorize optional AI-assisted transcription or recording. If TPS proposes a tool that captures or transcribes a visit, TPS will provide separate notice and obtain any required permission before use. You may ask questions or decline optional use without losing access to ordinary care.

10. Acknowledgment and consent

By signing below, I confirm that I have read and understand this form; I have had an opportunity to ask questions; I understand the potential benefits, risks, limitations, and alternatives; and I voluntarily consent to receive telehealth services from TPS clinicians when clinically appropriate. I authorize TPS to contact me by phone if a connection fails and to use the emergency-plan information I provide when necessary for safety.

Patient / personal representative signature: _____ **Date:** _____

Printed name: _____ **Authority / relationship (if representative):** _____

Clinician review (optional office use): _____ **Date:** _____

The clinician signature documents review; it is not a substitute for documenting identity, location, modality, and clinical appropriateness at each visit.