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## TELEPSYCHIATRY

**Dear Patient,**

With telepsychiatry we are now able to offer you psychiatric services using interactive video conferencing tools that are secure and HIPAA compliant. These services allow you to receive psychiatric care without being in the same physical location as Dr. Guerrero.

We will be using Zoom for these video conferences. Zoom's security architecture provides encryption and meeting access controls so data in transit cannot be intercepted, which ensures patient confidentiality.

### **Potential barriers/risks to Telepsychiatry:**

- Information transmitted may not be sufficient (*e.g.*, poor resolution of video) to allow for appropriate medical decision-making by my psychiatrist.
- Delays in psychiatric evaluation and treatment could occur due to deficiencies or failures of the equipment.
- Security protocols can fail, causing a breach of privacy of my confidential medical information.
- 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, could result in the omission of care involving other health problems or possible adverse drug interactions.

If you decide that the benefits outweigh the risks, you may request telepsychiatry sessions when you schedule appointments. If Dr. Guerrero agrees, you will be scheduled for a Telepsychiatry session.

Please note that Dr. Guerrero will send you the video conference link right at the time of your appointment, not in advance (**we do not use virtual waiting rooms for video conference appointments**). If Dr. Guerrero is running behind and sends you the link a few minutes into your appointment time, rest assured that he will make up for any lost time.

### **Your Rights:**

- All laws protecting the privacy and confidentiality of medical information also apply to telepsychiatry.
- All the Texas rules and regulations which apply to psychiatry also apply to telepsychiatry.
- You have the right to withhold or withdraw your consent for the use of telepsychiatry at any time during the course of your care, and withdrawal of your consent will not affect any future care or treatment from Dr. Guerrero.

- Dr. Guerrero has the right to withhold or withdraw his consent for the use of telepsychiatry at any time during the course of your care.

**Your Responsibilities:** (Please initial as acknowledgement of understanding)

\_\_\_ I understand that I must be physically within Texas (including offshore State waters) to be eligible for telepsychiatry, and that Dr. Guerrero can send prescriptions for medications only to Texas pharmacies or addresses. I will inform Dr. Guerrero as soon as my session begins of my physical location.

\_\_\_ I will ensure the proper configuration and functioning of all my electronic equipment prior to my session because the computer, tablet, or mobile telephone I use must have working camera and audio input so that Dr. Guerrero can see and hear me in real time.

\_\_\_ I will not record any telepsychiatry sessions without written consent from Dr. Guerrero, and I understand that Dr. Guerrero will not record any of our telepsychiatry sessions without my written consent.

\_\_\_ I will inform Dr. Guerrero as soon as my session begins if any other person can hear or see any part of our session.

\_\_\_ If I lose my connection during a session, I will immediately attempt to reconnect.

\_\_\_ If the audio I am receiving during a telepsychiatry session is not complete and clear, I will attempt to let Dr. Guerrero know or telephone Dr. Guerrero's office at 281-398-9800.

\_\_\_ I will ensure that I have a valid credit card on file and understand that my card will be charged one to two business days prior to my telepsychiatry appointment.

\_\_\_ I understand that the rates for Telepsychiatry and In-Person appointments are the same and that the cancellation policy applies equally for both Telepsychiatry and In-Person appointments.

**Patient Consent to the Use of Telepsychiatry:** I have read and understand the information provided above regarding Telepsychiatry. I hereby give my informed consent for the use of Telepsychiatry in my medical care and authorize Dr. Guerrero to use telepsychiatry in the course of my diagnosis and treatment. I agree to hold Dr. Guerrero's and his practice harmless from injuries or omissions that may be related to the malfunction or technical failure of equipment or system encryption.

Patient or Guardian's Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_