

Paperflower Psychiatry LLC
Consent to Treatment and Telepsychiatry

Please read carefully sign where indicated.

Telepsychiatry Services

Telepsychiatry is the delivery of psychiatric services using electronic visual conferencing systems between a provider and a patient that are not in the same physical location. The conferencing tools used in Telepsychiatry incorporate software security protocols to protect the confidentiality of patient information including audio and visual data. These protocols include measures to safeguard the data and to aid in protecting against intentional or unintentional corruption. All initial evaluations require video. Platforms such as doxy.me or Facetime may be utilized if doxy.me is unavailable. You must acknowledge that FaceTime may not be secure if this is the chosen platform.

Potential Benefits

Increased access to psychiatric care, patient convenience, time-saving without required travel.

Potential Risks

Breach of confidentiality, poor resolution of video, delays in evaluation due to failures of equipment, lack of access to all information available in a face-to-face visit which may result in an error of medical judgment.

Alternatives to the Use of Tele-psychiatry

Medication management through a provider or organization that offers in-person appointments.

Confidentiality

Information about the patient will only be released with his or express written permission, with the exceptions of the following cases: (1) if the provider determines risk of self-harm, (2) if the provider determines risk of harm to others, (3) if the provider is informed about or suspects abuse, neglect, or exploitation of a minor or of an incapacitated adult, (4) for educational purposes with no identifying information to nurse practitioner preceptor students or (5) if the provider believes that someone's mental condition leaves the person gravely disabled. You may request to not have information provided to NP students and to not have them present for evaluations.

The provider will maintain records of online treatment and /or consultation services.

All clinical records will be maintained as required by applicable legal and ethical standards.

Disclaimers

Paperflower Psychiatry LLC is not liable for confidentiality breaches when they are caused by patient error. You are required to notify your provider if there is another person that can hear your conversation.

If video services are not available due to an unplanned equipment or service malfunction sessions may occur via telephone.

Results are not guaranteed. We will work our hardest to resolve and help you to heal, but referrals to therapy, lifestyle modifications, cognitive homework, and medication compliance is expected.

This provider reserves the right to not engage in legal services, and if agreed upon, a fee will be negotiated along with limitations within a contract. The fees will cover lost pay for inability to see patients that day, childcare, and other expenses.

If this provider determines that she/he is unable to provide an appropriate level of care within her scope and expertise (due to considerations such as personality disorders, severe eating disorders without effective team in place, severe mental illness, significant hospitalizations or substance abuse concerns), she/he reserves the right to refer you to an appropriate provider. Thirty days of treatment will be provided along until the transfer of care is complete.

This provider reserves the right to terminate care and immediately refer outside of the practice for misuse of medication, patients outside of expertise level or misconduct.

This provider reserves the right to terminate care for discomfort of treatment or other unspecified reasons.

Limits

There are situations where I may be referred off campus to a different psychiatric provider. These may include but are not limited to: neuropsychiatric or developmental testing for conditions including Autism, cases that may require a higher level of expertise, personality disorders, significant legal concerns, drug and alcohol use disorders or dual diagnosis.

Boundaries are imperative. While you may contact the provider, be aware that she/he can reply during business hours. You will have a response as soon as possible.

Your provider may be out of office and will return communication as soon as available. You agree to call 911 or crisis for emergencies. Paperflower Psychiatry, LLC does not do on-call for emergencies.

I understand that my psychiatric care may be terminated, and I may be referred elsewhere for services if: I do not follow the treatment recommendations of my psychiatric provider, including referrals, taking medications as prescribed, and following up in the recommended time frame. I do not adhere to acting in a courteous and respectful manner in all interactions. Harassment, verbal aggression or threats of any sort will not be tolerated and will lead to immediate termination of care. Avoidance of bills and refusing payment may also constitute termination of care.

Telepsychiatry may not be appropriate for patients with active suicidal thoughts, homicidal thoughts or patients who are experiencing acute mental health problems requiring frequent hospitalizations.

Paperflower Psychiatry LLC does not provide urgent, emergency, crisis or inpatient care. If you are experiencing an acute crisis and feel you may be a danger to yourself or others, please go to the nearest emergency room, call 911 or your local crisis hotline. The national crisis hotline number is 1-800-273-TALK.

A patient who reports being at risk of harm to self or others will not be offered telepsychiatry services at Paperflower Psychiatry LLC and will be encouraged to seek care at an agency that can best meet their needs.

If through the initial evaluation or subsequent sessions, a patient is deemed to be at risk of harm to self or to others, Paperflower Psychiatry LLC will terminate the sessions, while providing alternative treatment options and referrals.

Patient's Rights

I understand that the HIPPA laws that protect the privacy and confidentiality of medical information also apply to Telepsychiatry. Paperflower Psychiatry, LLC utilizes a HIPPA compliant Video Services.

I have the right to withhold or withdraw my consent to the use of telepsychiatry services during the course of my care at any time. I understand that my withdrawal of consent will not affect any future care or treatment.

I have the right to inspect all medical information that includes the telepsychiatry visit. I may obtain copies of this medical record information upon request. I understand that for printed copies, there may be a fee included.

I understand that my provider has the right to withhold or withdraw consent for the use of telepsychiatry during the course of my care at any time.

I understand that the laws that protect the privacy and confidentiality of medical information also apply to telepsychiatry.

Patient's Responsibilities

I will not record any telepsychiatry sessions without written consent from my provider. I understand that my provider will not record any of our telepsychiatry sessions without my written consent.

I will inform Paperflower Psychiatry, LLC if any other person can hear or see any part of our session before the session begins. This is so that your privacy can be protected.

I understand that Paperflower Psychiatric, LLC has the right to withhold or withdraw consent for the use of telepsychiatry during the course of my care at any time

I understand that all rules and regulations which apply to the practice of medicine in the State of Arizona also apply to telepsychiatry.

I understand that I MUST be a resident of Arizona to be eligible for telepsychiatry services from Paperflower Psychiatry, LLC.

Results are not guaranteed. We will work our hardest to resolve and help you to heal, but referrals to therapy, lifestyle modifications, cognitive homework, and medication compliance is expected.

For pediatric appointments, all truthful information regarding custody and decision making is expected to be disclosed prior to the evaluation. This provider reserves the right to reschedule or cancel the appointment without refund if custody arrangements are not disclosed and abided by.

The person who enrolls the child should bare all responsibility, not Paperflower Psychiatry LLC, if they are untruthful about legal decision making, custody or guardianship.

For pediatric appointments, the legal guardian is expected to be present for the duration of the appointment. Unless otherwise arranged, the pediatric patient needs to be present for the appointment.

Calls will not be accepted outside of business hours.

Emails will be responded to within business hours.

Appointments run throughout the day, and emails and text messages will be answered accordingly as soon as possible.

If you arrive 10 minutes later than your appointment time, you will be asked to reschedule as to be respectful to other patient's times. This includes technical difficulties. You are expected to

trial the software prior to the appointment. You are expected to contact the provider if you are expecting to be late. There are no refunds in this situation.

If you choose or require to transfer psychiatric care, you are expected to notify this provider as to receive a bridge of medication if necessary.

I understand that I, not my provider, am responsible for the configuration of any electronic equipment used on my computer or phone that is used for telepsychiatry. I understand that it is my responsibility to ensure the proper functioning of all electronic equipment before my session begins.

It is the responsibility of the patient to inform the provider at Paperflower Psychiatry LLC if they are at risk of harm to self or others.

Payment

Payment is expected in full prior to service for all online visits. You agree that you will pay in full and are responsible in full for payment. If insurance denies the visit for telehealth treatment, you agree that you will be responsible for the full cost of the visit. Fees per visit are:

\$250 per evaluation

\$100 per follow up

All payment must be received before the scheduled appointment. Not paying prior to the appointment will mean that your appointment will be rescheduled.

No refunds will be provided for any reason if the service has already been initiated through telepsychiatry video.

This provider is not responsible at this time for submitting superbills or any reimbursement forms to your insurance company. You will be provided the superbill to submit upon request.

Paperwork such as letters or FMLA will be filled out upon request. A small fee will be collected as to respect the time of the provider.

Not paying within 30 days will result in your bill going to collections which will affect your credit score. An additional fee of \$200 will be added on in order to compensate this LLC for collections fees.

Medication

During my initial appointment my provider will discuss medications that can be used in treatment along with potential side effects of these medications. My provider will also discuss with me what I should do if I experience any of these side effects.

I agree that I will go to my primary care doctor or specialists for any medications other than psychotropic medications

I agree that I will not share my medication with anyone else.

I agree that I will not receive other psychiatric medications from other providers without first informing my Paperflower Psychiatry, LLC psychiatric provider.

I also understand alcohol and other drugs may compromise my treatment and make my symptoms worse. Paperflower Psychiatry, LLC recommends I abstain from these substances while in treatment.

I may be asked during treatment to provide a urine drug screen, and I will abide by this in order to continue treatment.

Medications that require blood work such as mood stabilizers are not guaranteed to be refilled unless blood work has been completed.

Controlled substances such as Adderall and Ritalin may require at least one in-person visit per year. This has been waived during the time of COVID at this time. However, if the law changes, you will be responsible to pay out of pocket for a home visit to continue the medication or seek care elsewhere.

Refills

Medication refills are completed during appointment visits. It is my responsibility to schedule a follow-up visit within the agreed upon timeframe discussed during my appointment.

We recommend scheduling your follow-up appointment when you check-out to ensure that you can be seen at a time convenient for you. During certain times of the year, demand for appointments is higher and last-minute appointments may not be available. If I do not follow-up as recommended, my provider may not refill my medication until the next in-person appointment.

If after a controlled prescription is filled, it is reported to be lost, accidentally disposed of, or in any other means not accessible prior to the follow-up appointment, refills will not be provided.

Refill requests can be expected to be attended to within 48 hours with no sooner guarantee. Medication changes or initiation of new medications will only be made during in-person appointments and based on the clinician's judgment.

Other

If I fail to show for three or more appointments without notice, or I do not follow up as recommended by my psychiatric provider, I may be referred elsewhere for services.

I understand that a “no show” is defined as any of the following: missing an appointment without notifying the SHC, canceling an appointment with less than 24 hours’ notice, or coming late to an appointment.

Once I have scheduled a psychiatry intake appointment, I understand that I will receive a welcome email, asking me to: Complete the appropriate intake form, and review and sign consent forms.

I understand that if I do not review and sign these forms prior to the start time of my intake appointment, my intake appointment may need to be rescheduled. I understand that signing this consent form and agreement to policies is a requirement for psychiatric treatment at Paperflower Psychiatry LLC. I understand that if I decline to sign these forms, I cannot initiate or continue to receive psychiatric treatment at Paperflower Psychiatry LLC and I will be referred to appropriate outside mental health services.

I have read this description of services and understand and consent to all stated policies. I understand and agree to my patient responsibilities and understand my patient rights. I understand that I have an opportunity to discuss my questions regarding the psychiatric treatment services with Paperflower Psychiatry LLC. I understand that there are potential risks and the benefits associated with the psychiatric treatment services on a tele psychiatry platform. I have the right to make decisions about the psychiatric treatment services I receive, to refuse the psychiatric treatment services and to revoke this consent at any time except to the extent services have already been provided. Based on the information I have received, I consent to the psychiatric treatment services at the Paperflower Psychiatry LLC.

Emergencies

Is this an active emergency? If so, please go to the nearest ER or call 911. DO NOT call the provider.

Is this a crisis situation in which your child is currently aggressive, escalating and you feel in danger being near them? Please call crisis at 602-222-9444. The provider cannot help de-escalate the situation. This is best done by experts on a Crisis Team.

By clicking below, you confirm you have read the above and agree to these terms and conditions, acknowledging that you consent to treatment on behalf of your child. You acknowledge that you are the legal guardian of your child, and are truthful to Paperflower Psychiatry, LLC about current legal rights that may have been made in court regarding medical decision making. You acknowledge that you agree to the policies and have received and reviewed all information above.

I have read and agree to the terms above.