



## **Benson Behavioral Health**

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# **TELEMEDICINE POLICIES**

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## **THIS NOTICE DESCRIBES BENSON BEHAVIORAL HEALTH TELEMEDICINE POLICIES**

**PLEASE REVIEW IT CAREFULLY.**

### **INTRODUCTION**

Telemedicine/teletherapy involves the use of synchronous electronic communications to enable clinicians and patients/clients to work together remotely.

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

### **EXPECTED BENEFITS**

- Improved access to medical care by enabling a patient to remain in his/her office (or at a remote site)
- More efficient medical evaluation and management.
- Obtaining expertise of a distant specialist.

### **POSSIBLE RISKS**

As with any medical procedure, there are potential risks associated with the use of telemedicine/teletherapy. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the physician and consultant(s);
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment;
- In very rare instances, security protocols could fail, causing a breach of privacy of



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personal medical information;

- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reaction or other judgment error.

### ATTESTATION:

By signing this form, I attest to and understand the following:

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine/teletherapy, and that no information obtained in the use of telemedicine/teletherapy which identifies me will be disclosed to researchers or other entities without my consent.
2. I understand that I have the right to withhold or withdraw my consent to the use of telemedicine/teletherapy in the course of my care at any time, without affecting my right to future care or treatment.
3. I understand that a variety of alternative methods of medical care may be available to me, and that I may choose one or more of these at any time. My clinician has explained the alternatives to my satisfaction.
4. I understand that I may expect the anticipated benefits from the use of telemedicine/teletherapy in my care, but that no results can be guaranteed or assured.
5. I agree not to record appointments, or to allow others to participate in or listen to appointments without the consent of my provider.
6. I am responsible for providing my own secure internet connection, as well as a telehealth-compatible device. (A link to a website that will allow you to test your device and internet connection for compatibility can be found in the FAQ section of BensonBH.com.)
7. I agree to be physically located in the state of Texas for all telemedicine appointments.
8. I agree that if my provider believes I am in a state of psychiatric or medical crisis, they may call 911 to arrange for emergency care.
9. I agree that all telehealth policies and procedures have been adequately explained to me and that I had the opportunity to request additional clarification if needed.
10. I am aware that my provider will make his best efforts to protect my healthcare information, including use of secure telehealth clients and encrypted medical records. However, I also agree to take reasonable steps to secure my own healthcare information



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including using only a secure internet connection and strong password for relevant accounts.

11. I am aware that my health insurance company may decide to stop reimbursing for telemedicine appointments prior to a complete resolution of the national COVID crisis. This may necessitate my traveling to Austin, TX for in-person appointments, a conversion to a private-pay fee schedule, or a mutual termination of our patient/provider relationship.