



Yissell Delvalle, MD, FASAM

Board Certified Psychiatrist
Board Certified Addiction Medicine

Telepsychiatry Contract and Informed Consent

Introduction Sessions and visits will be held via “telepsychiatry”: using video conferencing via Thera-link, which is a HIPAA compliant platform. Telepsychiatry establishes a formal physician-patient relationship and maintains regular assessments, diagnostics, therapy, and/or prescription. Premier Psychiatric Consultants, LLC, will be utilizing Health Insurance Portability and Accountability Act (HIPAA) protected software to ensure that your protected health information is secure from unauthorized access and that confidentiality is maintained. This document serves as a consent form for treatment via telepsychiatry in general. For information regarding our specific privacy practices, please visit our website www.dryisselldelvalle.com

1) You may elect to seek treatment in a more traditional, in-office visit with provider or another provider. Note that current evidence via rigorous studies has shown that treatment via telepsychiatry is equivalent to face-to-face visits with a psychiatrist.

2) Pursuing treatment via telepsychiatry is a decision made by you. If you choose to revoke your decision and pursue alternate treatment, you are able to withdraw your consent at any time. (Of course, we recommend discussing this decision with your psychiatrist first. We also recommend establishing your next provider prior to termination to eliminate any gaps in treatment.

3) Required Information at Every Visit 1a) Name, location, and telephone number of the patient at time of session. This is to ensure that your psychiatrist is aware of alternative means of treatment should an emergency occur. 2a) Name, location, and telephone number of the provider at time of session. This is to ensure that the patient _____, in the event of imminent danger, the provider is legally and ethically bound to report information to authorities, family members, or others, to minimize potential harm.

4) Cancellation and Late Policy 1) New visits a. “No-shows” will be charged 100% of the assigned fee b. Cancellations within 48 business hours of appointment time: 50% of the assigned fee will be charged c. Cancellations outside of 48 business hours of appointment time: we will gladly reschedule, and no fee will be charged.

5) Consent: The patient understands that he/she is consenting to behavioral health evaluation and treatment via telepsychiatry. The patient understands that no results can be guaranteed, despite our best efforts to deliver care. The patient understands that they are able to ask questions about telepsychiatry or any aspects of the evaluation and treatment at any time. I certify that I have read and understand the entirety of this document, titled “Telepsychiatry Contract and Informed Consent.” By signing below, I am agreeing with this document, put forward by Premier Psychiatric Consultants, LLC and I am also authorizing Premier Psychiatric Consultants, LLC and Dr. Delvalle to use telepsychiatry for my evaluation and treatment.

1. Signature: _____

2. Name (Print): _____

3. Date: _____

4. Address: _____