

Mindspace PsychiatryLLC  
15 W High Street, Unit A  
Somerville, NJ 08876

### Telepsychiatry agreement – Mindspace Psychiatry LLC

Telepsychiatry is the delivery of psychiatric services using interactive audio and visual electronic systems between a provider and a patient that are not in the same physical location. These services may also include electronic prescribing, appointment scheduling, communication via email or electronic chat, electronic scheduling, and the distribution of patient education materials and forms.

Telepsychiatry will allow the patient to receive medical care without the need to visit the office and travel long distance. Our practice currently uses doxy, a HIPAA compliant telehealth platform. You can review the security features of doxy at <https://doxy.me/en/patients/>. At this time, we are delivering services by a combination of inperson and telepsychiatry visits and will not be able to guarantee in person visits exclusively.

#### Potential benefits:

Increased access to psychiatric care.  
Patient convenience.

Potential risks include, but may not be limited to: information transmitted may not be sufficient (poor resolution of video); delays in medical evaluation and treatment due to deficiencies or failures of the equipment; security protocols can fail, causing a breach of privacy; and a lack of access to all the information available in a face to face visit may result in errors in medical judgment. Alternatives to telepsychiatry include traditional face to face sessions.

#### Alternatives to telepsychiatry sessions:

Face to face sessions in the office

#### Your Rights:

1. I understand that the laws that protect the privacy and confidentiality of medical information also apply to telepsychiatry.
2. I have the right to withdraw my consent to the use of telepsychiatry during the course of my care at any time.
3. I understand that Dr. Palvai has the right to withhold or withdraw consent for the use of telepsychiatry during the course of my care at any time.
4. I understand that all rules and regulations which apply to the practice of medicine in the State of New Jersey also apply to telepsychiatry.

#### Your Responsibilities:

1. I will not record any telepsychiatry sessions without the prior written consent of my provider and I understand that my provider will not record telepsychiatry sessions without my consent;
2. I will inform my provider if any other person can hear or see any part of our session before the session begins. My provider will inform me if any other person can hear or see any part of the session before the session begins. This is so that your privacy can be protected.
3. I understand that I MUST be a resident of New Jersey to be eligible for telepsychiatry services from Mindspace psychiatry LLC.
4. I understand that I am responsible for the proper configuration and functioning of my electronic equipment and to ensure that they function properly during the session.

5. I understand that my provider at Mindspace Psychiatry LLC will not do telephone only sessions. If the video does not function at the time of the appointment or if there are any other technical difficulties, I will have to reschedule the appointment for another time.
6. I understand that Mindspace Psychiatry LLC reserves the right to change to only telepsychiatry visits depending on the status of the COVID-19 pandemic.

I have read and understood the information provided above regarding telepsychiatry. I here by give informed consent for the use of telepsychiatry in my care and authorize Mindspace Psychiatry LLC to use telemedicine in the course of my diagnosis and treatment.

YOUR SIGNATURE BELOW INDICATES THAT YOU HAVE REVIEWED  
THE AGREEMENT TITLED  
Telepsychiatry agreement – Mindspace Psychiatry LLC and agree to its terms.

Name of the Patient:

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Signature of Patient/Patient's Legal Representative:

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Name of Patient's Legal Representative:

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Date:

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PLEASE CALL US WITH CONCERNS OR QUESTIONS BEFORE YOUR FIRST  
APPOINTMENT, OR AT ANY TIME THERE AFTER.