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| **GROW ACADEMY TELEPSYCHIATRY INFORMED CONSENT** |
| YOUTH NAME (First, Middle, Last)      | DOC # (if applicable)        | SID # (if applicable)       | DATE OF BIRTH (mm/dd/yy)      |
| **INTRODUCTION** |
| Telepsychiatry is a technology that allows patients to access psychiatric care using an audio-video interface. Your psychiatrist is in a different location, but you are able to see each other on a TV monitor and talk just as you would in person. The Grow Academy uses telepsychiatry to access all outpatient-level psychiatric care when needed. Youth who are housed at the Grow Academy who do not currently have a psychiatrist and who need to see a psychiatrist will use this technology.Telepsychiatry is a “live” technology. You speak to your psychiatrist in real time. No recording of your session is created. Network security protocols keep the transmissions secure and private.  |
| **EXPECTED BENEFITS** |
| * Improved access to psychiatric care without requiring a patient or doctor to travel.
* More efficient psychiatric evaluation and management.
* Obtaining expertise of a distant specialist.
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| **POSSIBLE RISKS** |
| * On occasion, technological problems might result in poor image or sound quality, which might require that the session is postponed or delayed until the problem is fixed.
* Most patients are comfortable with the telepsychiatry experience and soon forget that their psychiatrist is “on TV”. However, some patients may temporarily feel uncomfortable with not speaking to a psychiatrist “in person”. If so, this feeling tends to go away over time.
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| **BY SIGNING THIS FORM, I UNDERSTAND AND AGREE TO THE FOLLOWING** |
| 1. Outpatient psychiatric care for youth at the Grow Academy, who do not currently have psychiatric care, will be offered via Telepsychiatry. In some situations, a youth may be offered Telepsychiatry through a Department of Corrections provider if deemed necessary.
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| 1. The Wisconsin and federal laws that protect the confidentiality of health information also apply to telepsychiatry.
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| 1. If I am 14 to 17 years of age, consent for psychiatric care and treatment is needed from both, myself and my parent / guardian. If I am age 18 or over, I can consent to psychiatric care and treatment without parental / guardian consent.
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| 1. If I am 18 years or older, I may request access to my Health Care Record by submitting a Health Service Request. If I am under 18 years of age, my parent or guardian may contact the Grow Academy by telephone or in writing to request access (some restrictions may apply based on statutory requirements).
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| 1. It is my obligation to give accurate, honest and complete information to my psychiatrist so that he/she can most effectively help me.
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| **CONSENT FOR THE USE OF TELEPSYCHIATRY** |
| I have read the above information and have discussed any questions that I have. I authorize the Grow Academy to use telepsychiatry in the course of my diagnosis and treatment. If I am 18 years of age or older, parent /guardian signature is not needed. |
| YOUTH NAME – print clearly      | YOUTH SIGNATURE      | DATE SIGNED      |
| **Parent Guardian Consent: If patient is between 14 and 17 years of age, parent / guardian signature is required below.** |
| PARENT / GUARDIAN NAME – print clearly      | PARENT/GUARDIAN SIGNATURE      | DATE SIGNED      |