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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. | | | | | |
| **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. | | | | | |
| **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. | | | | | |
| 1. The Wisconsin and federal laws that protect the confidentiality of health information also apply to telepsychiatry. | | | | | |
| 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. | | | | | |
| 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). | | | | | |
| 1. It is my obligation to give accurate, honest and complete information to my psychiatrist so that he/she can most effectively help me. | | | | | |
| **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 |