



WELCOME

SUMMARY OF SERVICES

Telepsychiatry: On A Mission

Psych Associates of Maryland Virtual videre (PAM Virtual videre) is *the virtual* online mental health platform – Improving access to mental health care via digital platform, paving way for the community to see providers, therapists, life coaches, pharmacists, nutritionists, employee assistance program and virtual curbside at the comfort and not have to come to a center to seek treatment. Videre is derive from Latin language with a meaning “to see.”

Our mission is to improve access to quality mental health care making innovative, comprehensive health care and services accessible through in network providers who champion, cheer, and partner with our clients on their journey to eradicate mental health issues. Our vision is to forge forward into the future to become a national leader in behavioral health sector providing the best and latest care through our state-of-the-art clinics always focused on our core tenets/Values: Love, care, respect, foster and cherish

1. The Clients we serve
2. The people we work with (our colleagues we call family)
3. The community we live in.

How does Virtual Video work

Once you decide that Virtual visit is the best fit for you, we recommend you schedule your intake either by calling us at 410-823-6408, telehealth@pamllc.us or via our website: www.pamllc.us.

You will in real time receive an email an email confirming your appointment and sending new patient paper, the email will also have step by step instructions and a weblink to our HIPAA compliant video (bloom health platform or doxy.me). Subsequently you will receive confirmation within 72 hours you will receive more emails; with copies of your consent and if other supporting documents such as ID proof and Insurance card as not been submitted.

Prior to the start of the session all technical issues need to be addressed, have the app downloaded and tested, patient portal set up and all the paper work to be completed. If something is incomplete, there would be a grace period at the discretion of the provider, however if there is a delay the session will have to be rescheduled. It is important to realize that the scheduled time is allocated to your service and is specifically reserved for you, if there is no good faith effort made to complete paperwork and technical setup then you will be charged as a reschedule or cancellation within 24 hours, 50% of the fee for service cost (50% of \$250 = \$125).

If you have any questions please do not hesitate to contact us via email (telehealth@pamllc.us or phone (410-823-6408), or schedule a FREE informational meeting on our website (www.pamllc.us).



After the intake assessment, if ongoing treatment is necessary and is agreed upon, a follow up appointment can be scheduled for a predetermined service. If new medications are started we require close monitoring and will schedule a follow up visit in 1-2 weeks. This is done to ensure medications are being taken as prescribed, assess for side effects, and to make dosage adjustments as necessary to achieve optimal results. Subsequent visits will be in 30, or 60 minute intervals depending on your needs, desires, and goals for treatment. If you and your provider agree that you are stable on your treatment regimen follow up appointments can then be scheduled at a more longer intervals.

Payment of Fees

Your insurance copay or fee for service is due on the day of your appointment. All major credit cards are accepted, including those associated with an FSA or HSA accounts. Please contact your FSA or HSA prior to your first appointment to ensure your card can be used with our system. There may be some circumstances where fees are not paid at the time of service. In these cases, payment can be made from your bloom patient portal. Payment must be made in a reasonable time to continue treatment. If you have any questions about insurance coverage please call your insurance company or our medical billing manager 410-823-6402 ext 2.

Medication Refills

Every efforts will be made to provide you with adequate amount of medications at the time of your visit or virtual visit, you will be provided with sufficient medications or refills to last you until your next appointment. In order to continue medications, regular follow ups are required to assess progress and side effects, check lab results, and make adjustments accordingly. Things happen and In an unlikely event of running out of medications prior to your scheduled appointment, please let your provider know via our website, your patient portal, or call the office at 410-823-6408.

Controlled Substances

Instances where the treatment plan involves using controlled medications such as benzodiazepine, stimulant, or suboxone and or any other controlled substance, if this entails a face to face in-person assessment, or telepsych appointment at a DEA regulated facility (e.g. health center, nursing home, assisted living, doctor's office, hospital), is required by law. Strict guidelines surrounding the prescription of controlled substances will be employed, although the general consensus, policies and procedures on online are still being developed at a national and state level, and will be managed on a case by case basis at PAM Virtual Video. Controlled medications, specifically lorazepam, clonazepam, diazepam, alprazolam, temazepam and Oxazepam can be very useful for certain conditions, however these medications can more than often cause physical and psychological tolerance/dependence due to its potency. Many long term studies and guidelines indicates significant implications with long term use of benzodiazepine and Alzheimer's dementia. At PAM we follow strict guidelines when prescribing these medications even if these medications have been prescribed by another non-PAM provider or your primary care provider.



INFORMED CONSENT FOR TREATMENT

I have received the Psych Associates of MD, LLC, Patient Information Packet, which includes information regarding access, fees, Patient Rights and Responsibilities and Privacy Practices. I accept these policies and practices. I have been given the opportunity to review both "Rights and Responsibilities" and "Privacy Practices. I understand I may request a copy of these notices if I wish to keep them for my personal reference.

I understand that behavioral health treatment offers no guarantees. By working with my healthcare providers, I should get help with the problems and concerns I bring to Psych Associates of MD, LLC. However, I recognize that things may get worse. I understand that I will probably need to do homework--that is, try new ways of dealing with my problems—which I develop together with my healthcare providers. If I do not do these things outside the office, I understand that the effectiveness of treatment will be limited

I agree to cooperate fully with my healthcare provider(s) or to discuss any reasons why I cannot. I agree to ask any questions I have to clarify my therapeutic goals and how treatment is addressing them.

I understand that treatment will end when the problems and concerns I initially had are resolved. I also understand that I can terminate my treatment at any time I wish. I agree to notify my healthcare providers of my intent to end therapy and to discuss the possible risks of premature termination of therapy.

I also understand that my healthcare provider(s) may end my treatment if we do not make progress, or if our relationship becomes too strained to continue working together. If I am no longer able to pay for services and treatment is to be terminated early, my healthcare provider(s) will make suggestions to guide me in finding another provider of my choice. I will make every effort to follow the suggestions.

Patient/client signature

Signature of parent / guardian responsible for minor child or dependent adult

Date: ____/____/____



INFORMED CONSENT AND PRIVACY FOR TELEMEDICINE
Consent for TELEHEALTH PATIENT CONSENT

1. **I Purpose:** The purpose of this form is to obtain your consent to participate in telehealth for the following service(s):
 - Medication Management
 - Therapy (Counseling)
 - Bridge appointment for Medication
 - Group Therapy
 - Consultation/Second opinion

2. **Telehealth in General:** Telehealth involves the real-time evaluation, diagnosis, consultation on, and treatment of a health care condition using advanced telecommunications technology, including interactive audio & video. Electronic systems used have network and software security protocols in place to protect the confidentiality of patients' information.

3. **Expected Benefits:** Psych Associates of Maryland (the "Practice") offers telehealth services to its patients in order to improve access to health care by enabling a patient to remain at home (or at a remote site) while receiving care from a distance.

4. **Potential Risks:**
 - In the event of interruption or disconnection of the audio/video connection, the continuity or completion of a particular telehealth visit will depend upon whether the information transmitted is sufficient for the patient's condition. If the audio/video connection is inadequate for that purpose or is disconnected, the Practice may require an in-person visit.
 - Your health information will be transmitted electronically by audio and video. In accordance with HIPAA regulations, the Practice has implemented strict privacy and security precautions to protect its patients' health information; however, the security and confidentiality of information transmitted electronically may be compromised by the failure of these security safeguards or illegal or improper tampering.
 - While the Practice has taken reasonable and appropriate efforts to eliminate any confidentiality risks associated with your telehealth appointment, the Practice cannot control your environment or any company you may have with you during the telehealth appointment.

5. **Nature of Telehealth:**
 - During the telehealth appointment, details of your medical history and current condition may be discussed by interactive audio-video technology. The Practice and its providers rely on information provided by you and it is your responsibility to provide information about your medical history, condition, and care that is complete and accurate to the best of your ability. The Practice and its providers' advice, recommendations, and decisions may be



based on factors not within their control, such as incomplete or inaccurate data provided by you or distortions of audio/video during the telehealth visit.

- The Practice has the right to determine if a telehealth appointment is appropriate for your needs and may recommend an in-person appointment.
6. **Medical Records:** All existing State and federal laws regarding the privacy and security of your medical records apply to this telehealth appointment, as detailed in the Practice's Notice of Privacy Practices. In accordance with HIPAA, the Practice will not record or store any video, images, or audio of your telehealth appointment, and by signing below you agree not to record or store any video, images, or audio of your telehealth appointment. Your provider will document the medical information conveyed during the appointment into your medical record the same as if it was an in-person office visit. You have the right to obtain copies of your medical records; any requests to inspect and obtain copies of medical records associated with telehealth will be made in accordance with the Practice's standard policies and procedures.
 7. **Payment Agreement.** By signing below, you understand that your insurance will be billed for any telehealth services you receive from the Practice; you may be billed for what your insurance does not cover; and you have been advised to check with your insurance carrier for coverage of telehealth visits. If your insurer does not cover telehealth visits, then you will be responsible for the full fees for telehealth services you receive from the Practice. If you have any questions about your billing, you should contact the Practice's office.
 8. **Data and Devices.** The Practice does not warrant that its telehealth services will be compatible with any updates to, or prior versions of, your devices' operating systems. To the extent that your telehealth appointment requires the use of wireless, cellular data, or internet access, you are responsible for securing the necessary data access service. E.g., your mobile phone provider may charge you data access fees in connection with your use of telehealth services. You are solely responsible for all such charges payable to third parties.
 9. **Patient Rights:** You may withhold or withdraw your consent to telehealth at any time without affecting your right to future care or treatment. You may contact the Practice at 410-823-6408 for any questions you have related to telehealth services.
 10. **Risks, Consequences, and Benefits:** By signing below, you acknowledge that: (i) you have been advised of the potential risks, consequences, and benefits of telehealth; (ii) you have had an opportunity to ask questions about the information presented on this form; and (iii) all your questions have been answered and you understand the information provided above.

My signature below (or other written acknowledgement of my acceptance to the terms above) indicates my consent to participate in a telehealth appointment in connection with the service(s) described above. This consent will be documented in my medical record with the Practice.

Signature: _____ **Date:** _____