

Miriam Tetelbom , MD LLC

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Telepsychiatry consent form

1) I agree that security measures are adopted for the use of telemedicine technologies, such as data encryption, screen savers and password protected data files and other reliable authentication techniques are used. Despite such measures taken it is possible what risks to the privacy of your confidential information occur and that Miriam Tetelbom MD and Miriam Tetelbom MD LLC will not be held responsible for possible breaches of the confidentiality of your information.

2) I agree that Miriam Tetelbom MD and Miriam Tetelbom MD LLC forward the information that identifies me to third parties as for the platforms / applications used in Tele-psychiatry and that on these platforms / applications my name will be associated with Miriam Tetelbom MD .

3) I agree that information transmitted by Miriam Tetelbom MD or me may be lost during the consultation with Miriam Tetelbom MD due to technical problems including but not restricted to video quality or the internet connection .Miriam Tetelbom MD and Miriam Tetelbom MD LLC are excluded from liability due to technical failures and their consequences for consultation by tele-medicine including lost information.

4) I understand that the consultation by telepsychiatry is not exactly the same as the consultation in person (face to face) and that due to the impossibility of Miriam Tetelbom MD to consider some important elements of the psychiatric clinical evaluation that are only evidenced in the face to face evaluation. Due to this, some conditions and diagnoses may go unnoticed, affecting Miriam Tetelbom MD's ability to make appropriate medical decisions.

Patient's name: _____ Date: _____

Signature of the patient or authorized representative of the patient:
