The Joy of Life Clinic
Revive. Thrive. Live Fully

Address:
4900 Belair Road
Baltimore, MD 21206

Website: www.jolclinic.com
Email: admin@jolclinic.com
Phone: (443) 790-5161
Fax: (410) 261-6911

Provider: Mercy Nwankama, CRNP-PMH

Effective May 1, 2024

Telehealth Services Informed Consent

Definition of Telehealth

Telehealth involves the use of electronic communications to enable professionals to connect with individuals using interactive video and audio communications. Telehealth includes the practice of psychological health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

Your Rights with Respect to Telehealth

1. You understand that the laws that protect the privacy and the confidentiality of medical information also apply to telehealth and that no information obtained in the use of telehealth, which identifies me, will be disclosed to researchers or other entities without your written consent.

2. A clinic representative and/or your provider has explained to you how the videoconferencing technology will be used to affect such a consultation and that it will not be the same as a direct patient/health care provider visit because you will not be in the same room as your health care provider.

3. You understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties. You understand that you or your provider can discontinue the telemedicine consult/visit if it is felt that the videoconferencing connections are not adequate for the situation or that the environment is not conducive.

4. You understand that you have the right to withhold or withdraw your consent to the use of telehealth during your care at any time without affecting your right to future care or treatment.

5. You understand that telehealth may involve electronic communication of your personal medical information to other medical practitioners who may be located in other areas, including out of state.

6. You understand that you may expect the anticipated benefits from the use of telehealth in your care but that no results can be guaranteed or assured.

7. Concerning the **prescription of controlled medications**, we urge you to recognize the stringent protocols our clinic employs to manage such sensitive treatments. As part of our commitment to responsible prescribing and patient safety, please be aware of and agree with the following guidelines:

(a). No Presumption of Prescription: Do not expect that a provider will automatically prescribe a controlled medication based on past use or a diagnosis from another provider, including conditions such as ADHD, anxiety, insomnia, bipolar disorder, chronic pain, or another condition.

(b). Document Submission: If you have psychological or other testing results, medical records, or pharmacy records that document a specific diagnosis or previous medication use, we urge you to please bring these to your initial appointment for comprehensive evaluation.

(c). Deliberate Prescribing: Our providers may postpone the prescription of controlled medications until at least your second visit. This delay allows time for a thorough review of your medical history, including consultations with previous pharmacies and analysis of federal prescription databases.

(d). Urgent Controlled Medication Needs: Our practice may not be the most suitable option if you require urgent prescription of controlled medications. We recommend you seek a facility that specializes in such immediate care.

(e). Appointment Fees: Disagreements regarding a diagnosis or decisions not to prescribe certain medications are not valid reasons for waiving appointment fees.

(f). Compliance with Regulations: We strictly adhere to state and federal regulations governing the prescription of controlled substances to ensure compliance and maintain the integrity of our medical practice.

(g). Safety and Efficacy: Before prescribing, we assess the safety and efficacy of medication, considering potential risks and benefits to ensure the best outcomes for your health.

(h). Patient Education: We provide detailed explanations regarding the use, risks, benefits, and alternatives of controlled medications to ensure you are well informed about your treatment options.

(i). Regular Follow-ups: Continuous monitoring and follow-ups are required for patients receiving controlled medication to adjust dosages, monitor side effects, and evaluate treatment effectiveness.

(j). Consent and Agreement: We require your explicit consent and agreement to our controlled medication management plan, underscoring our mutual commitment to your health and well-being.

These protocols are designed to ensure the meticulous management of controlled medications, aligning with best medical practices and regulatory requirements. Our cautious approach serves to protect your health and safety, minimizing potential misuse and ensuring that all prescriptions are therapeutically appropriate. We value the trust you place in our clinic and strive to uphold the highest standards of medical care. Your understanding and cooperation are essential as we work together to achieve the best possible health outcomes.

8. You understand that billing will occur from both your practitioner and as a facility fee from the site from which you are presented.

9. You understand that your healthcare information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the consultation other than your healthcare provider and consulting healthcare provider in order to operate the video equipment and/or transcribe the discussions. The above-mentioned people will all maintain confidentiality of the information obtained. You further understand that you will be informed of their presence in the consultation and thus will have the right to request the following:

- Ask non-medical personnel to leave the telehealth examination room; and/or
- Terminate the consultation at any time

10. You agree that certain situations, including emergencies and crises, are inappropriate for audio-/video-/computer-based psychotherapy services. If you are in a crisis or an emergency, you should immediately call 9-1-1 or seek help from a hospital or crisis-oriented healthcare facility in my immediate area.

Consent to the Use of Telehealth

By signing at the end of this document, I affirm that:

- I have read or had this form read and/or had this form explained to me.
- I fully understand its contents, including the risks and benefits of the procedure(s).
- I have been given ample opportunity to ask questions, and any questions have been answered to my satisfaction.

Name:		
Signature:		Date: