

Behavioral Health Associates, P.C.
Brian D. Carr, Ph.D. Licensed Psychologist
Consent to TeleHealth Consultation revised 4/2020

I have been asked or have requested to take part in a telehealth consultation with Brian D. Carr, Ph.D. (Licensed Psychologist) as deemed necessary to assist in my health care through a Tele-Health consultation.

I understand the following:

1.The purpose is to assess and treat my behavioral health condition.

2.The telehealth consult is done through a two-way video link-up whereby Dr. Brian Carr can see my image on the screen and hear my voice. However, unlike a traditional behavioral health consult, Dr. Carr does not have the use of the other senses such as touch or smell; and it may not be equal to a face-to-face visit.

3.Since Dr. Carr practices in a different location and does not have the opportunity to meet with me face-to-face, he must rely on information provided by me or others located where I am at.

I understand that Dr. Carr cannot be responsible for advice, recommendations and/or decisions based on incomplete or inaccurate information provided by me or others.

4.I can ask questions and seek clarification of the procedures and telehealth technology.

5.I can ask that the telehealth exam and/or videoconference be stopped at any time.

6.I know there are potential risks with the use of this new technology. These include but are not limited to:

- Interruption of the audio/video link.
- Disconnection of the audio/video link
- A picture that is not clear enough to meet the needs of the consultation
- Electronic tampering. If any of these risks occur, the procedure might need to be stopped.

7. I understand the examination may be videotaped for internal quality review or as might be required by my health coverage plan, however the video images will only be used for those purposes unless further authorized below.

9. I understand I can make a complaint of my provider to the State Board of Examiners of Psychologists by going online at <https://www.tsbep.texas.gov/> or by calling the board at 1-800 821-3205 24 hour, toll-free complaint system

I, the undersigned patient, do hereby understand and state that I agree to the above consents. I certify that this form has been fully explained to me. I have read it or have had it read to me. I understand and agree to its contents. I volunteer to participate in the telehealth examination.

Date: _____ Time _____ am/pm

Signature: _____

Printed Name: _____

Witness: _____

Interpreter (if applicable): _____