



INNER SELF CARE



INNER SELF CARE

CONSENT TO TREAT FORM TELEPSYCHIATRY CONSENT

Inner Self Care, LLC

Updated 06/01/2026

This document contains the Consent to Treat Form and Telepsychiatry Consent for Inner Self Care, LLC.

As the patient, I permit my Inner Self Care (ISC) provider:

To provide me with medical treatment. I understand that my provider does file insurance, though it may not be in-network with my insurance carrier. If desired, I may contact my insurance company privately to attempt to file reimbursement on my own.

I understand and agree:

- I must pay my balance immediately, or services will be discontinued
- I must pay for the cost of these services not covered by my insurance

I understand and agree:

- I have the right to refuse any treatment
- If it is determined that this practice is not a suitable fit for your needs, the provider may issue a notice advising you to seek care from a different provider.
- My Provider is not liable for treatment I consented to.
- I have the right to discuss all medical treatments with my provider
- I may not seek prescriptions for medications from other providers while under the care of ISC providers.

The Treatment Process

Treatment is a collaborative process where you and your Provider will work together on equal footing to achieve the goals that you define. This means you will follow a defined process supported by scientific evidence, where you and your provider have specific rights and responsibilities.

Treatment generally shows positive outcomes for individuals who follow the process. Better outcomes are often associated with a good patient and provider relationship. To foster the best possible relationship, it is essential you understand as much about the process before deciding to commit. Treatment begins with the intake process/patient's first appointment.

- **First**, you will review, sign and submit all treatment documents, talk about fees, identify emergency contacts, and ask your provider any questions you may have or any questions that arise from information given to me by my provider.
- **Second**, you will discuss what to expect during treatment, including but not limited to: the length of treatment, and the risks and benefits.
- **Third**, you will form a treatment plan, including but not limited to: How often you will be seen by your provider, your short- and long-term goals, and the steps you will take to achieve them. Over time, you and your provider may edit your treatment plan to be sure it describes your goals and steps you need to take. After intake, you will attend regular appointments through video, called telehealth or in person at physical office depending on preference.

TELEPSYCHIATRY CONSENT

This Telepsychiatry Consent contains important information about the delivery of psychiatric services using video teleconferencing software. Please read this carefully and let me know if you have any questions.

Telepsychiatry Practice:

Our telepsychiatry practice provides remote delivery of mental health assessment and treatment, including medication management and psychotherapy, using two-way, audio/visual technology over a secure, HIPAA compliant, teleconferencing platform. It is distinct from traditional face-to-face encounters because we will access a shared video session from separate, physical locations. Our telepsychiatry practice allows us to electronically prescribe medications to a pharmacy of your choice and obtain electronic prior authorizations.

Benefits Telepsychiatry :

Telepsychiatry is preferred by many patients as it allows them to attend appointments from the comfort of their own home or office. This cuts down on lengthy commutes and the need to take time off work. It also allows access to psychiatric care for patients living in more remote locations. Additionally, telepsychiatry offers an added level of confidentiality in that you don't have to sit in a waiting room with other patients before your visit.

Our ability to electronically prescribe medications, obtain electronic prior authorizations, and receive test results save you time and effort since the process is streamlined and there is no paperwork to lose or forget.

Since you are required to keep a credit or debit card on file, you are automatically billed at the time of service which saves you time having to login to the patient portal to make a payment

Risks:

The main risks of telepsychiatry occur when the technology (speakers, microphones, cameras, Internet, teleconferencing and electronic prescription software) malfunctions. These malfunctions may temporarily impair communication between us which may result in the need to reschedule appointments. Our teleconferencing platform is secure and HIPAA-compliant to mitigate security breaches. Unfortunately, it is not possible to guarantee with 100% certainty that a security breach will not take place.

You are solely responsible for any costs to obtain any necessary equipment, accessories, or software to take part in telepsychiatry. A computer with a camera or a smart phone with a camera is generally sufficient equipment to attend telepsychiatry appointments.

If I believe you are experiencing a crisis, the telepsychiatry format may make it more difficult for me to arrange emergency care as I will be less aware of your local psychiatric resources (therapists, inpatient psychiatric hospitals, substance abuse treatment centers, intensive outpatient programs, partial hospitalization programs and crisis centers).

There is also potential for other people to overhear our communication if you are not in a private location during the appointment. I will take reasonable steps to ensure your privacy on my end. It is important for you to find a quiet, private location to attend appointments where you will not be interrupted or overheard.

Confidentiality

I have a legal and ethical responsibility to make my best efforts to protect all communications that are a part of our telepsychiatry sessions.

You should also take reasonable steps to ensure the security of your communications (for example, only using secure networks for telepsychiatry sessions and having unshared passwords to protect the device you use for telepsychiatry).

Our teleconferencing platform's encryption methods and HIPPA-compliant software work to keep your information private. However, there is a very small risk that your electronic communications may be compromised in the case of a security breach.

The extent of confidentiality and the exceptions to confidentiality are detailed in the **"Notice of Privacy Practices"**

Alternatives:

Participation in telepsychiatry is voluntary. You may withdraw your consent in writing at any time.

It is my strong preference that our appointments be held by audio/visual teleconferencing software. In instances of technological failure or other extenuating circumstances, appointments may be held by telephone. If you do not want to hold an appointment by phone, your telepsychiatry appointment may be rescheduled to a later date if not clinically urgent.

If the telepsychiatry session is interrupted, we will first attempt to reconnect. If unsuccessful in reconnecting via telepsychiatry, I will call you by telephone. You may also call me at (864) 551-8022 in the event that we are disconnected.

If there is a technological failure and we are unable to resume our appointment by either telepsychiatry or telephone, you will only be charged the prorated amount of appointment time attended.

Your Consent for the Use of Telepsychiatry

- You attest that you have received, read, understood and agree with the above risks, benefits, confidentiality and alternatives, and voluntarily agree to conduct appointments with an Inner Self Care (ISC) provider remotely through the use of telepsychiatry.
- You agree that if, during a telepsychiatry session, your ISC provider believes you are in a psychiatric or medical emergency or you pose an imminent danger to yourself or others, they may call 911 to arrange emergency services on your behalf.
- You agree that in an emergency situation, if you are experiencing a crisis, or having suicidal or homicidal thoughts, or are a danger to yourself or others, you will contact 911 or go to the nearest Emergency Department.
- You acknowledge that ISC providers do not consent to being recorded and will not be recording you during your visit.
- You agree not to allow others to be present or to listen to your visits without the acknowledgement and agreement of ISC providers



- You agree to take reasonable steps to ensure privacy during the telepsychiatry session, and not to be in a public place where other people can overhear our conversation.
- You agree not to attend telepsychiatry appointments while driving.
- You acknowledge that you are financially responsible for providing your own secure internet connection and personal device with camera, microphone and speakers and that these are functional at the time of your visit.
- You agree to be physically located in a state where ISC provider is licensed at the time of your appointment. Per current legal guidelines, I may not hold a telepsychiatry appointment with you if you are located in any other state.
- You agree to keep a credit or debit card on file to be billed at the time of service. Accepted cards include Visa, Mastercard, Discover and American Express.
- You agree that all of the above has been explained to your satisfaction and that you have had the opportunity to clarify any of the above points that were unclear to you.
- You agree that this Telepsychiatry Consent may be revoked by either of us in writing at any time for any reason.