

Telehealth Informed Consent

The Root Cause NP · Mabel Rodriguez, PMHNP-BC · Psychiatric Mental Health Nurse Practitioner, Board Certified

This Telehealth Informed Consent (“Consent”) is entered into between the patient identified below (“Patient,” “you”) and The Root Cause NP and its treating clinician Mabel Rodriguez, PMHNP-BC (“Provider,” “we”). Please read this document in full. By signing, you acknowledge that you understand and agree to its terms, and you authorize the Provider to deliver health care services to you by means of telehealth.

1. Nature of telehealth services

Telehealth is the delivery of health care services using interactive audio, video, or other electronic communications between a patient and a clinician who are not in the same physical location. Services delivered by telehealth may include psychiatric evaluation and diagnosis, treatment planning, prescribing and management of medication, ordering and interpretation of laboratory testing, therapeutic support, care coordination, and patient education. Telehealth may also include the secure electronic transmission of your medical information, images, or laboratory results to the Provider or, with your authorization, to other practitioners involved in your care.

2. Voluntary participation and right to withdraw

Your participation in telehealth is entirely voluntary. You may withhold or withdraw this Consent at any time, in writing or verbally during a visit, without affecting your right to future care, treatment, or benefits to which you are otherwise entitled. Withdrawal of consent does not apply retroactively to services already rendered. You may also request that a specific portion of a telehealth encounter be discontinued at any time.

3. Expected benefits

- Access to specialty psychiatric care without the need to travel.
- Greater scheduling flexibility and reduced time away from work or family.
- Care received in a familiar, private environment of your choosing.
- Continuity of care when in-person visits are impractical or unavailable.

4. Potential risks, limitations, and consequences

As with any medical service, telehealth carries potential risks. These include, but are not limited to, the following:

- **Technology failure.** Delays, interruptions, poor audio or video quality, or complete loss of connection may occur and may disrupt or delay evaluation and treatment.
- **Limited physical examination.** The Provider cannot perform hands-on physical examination. Clinical information available in person — including certain neurological, vital-sign, and physical findings — may be unavailable or incomplete, which in rare cases could lead to a delayed or inaccurate diagnosis, a delay in treatment, or the need for additional in-person evaluation.
- **Security.** Although the Provider uses HIPAA-compliant, encrypted platforms and reasonable administrative, physical, and technical safeguards, no electronic transmission or storage of information can be guaranteed to be completely secure. Protocols could fail, causing a breach of privacy of protected health information.

- **Suitability.** In some circumstances telehealth is not clinically appropriate. The Provider may determine at any time that your condition requires in-person evaluation, laboratory or imaging studies, a higher level of care, or emergency services, and may decline to continue treatment by telehealth on that basis.

5. Alternatives

Alternatives to telehealth include in-person evaluation and treatment with another qualified clinician in your area, care through a community mental health center, or care through a hospital or urgent-care setting. The Provider has discussed these alternatives with you, and you understand that you may choose an in-person alternative at any time.

6. Licensure, patient location, and identity verification

Telehealth services may be provided only when you are physically located in a state in which the Provider holds an active license at the time of the appointment. You agree to disclose your exact physical location at the beginning of each visit and to notify the Provider immediately if your location changes during a visit. You agree not to misrepresent your location. If you are located outside a state in which the Provider is licensed, the visit may be cancelled without refund of any late-cancellation fee. You further agree to verify your identity upon request, including by presenting government-issued photo identification.

7. Emergencies and crisis care

Telehealth is not an emergency service and the Provider is not available for emergencies. If you are experiencing a psychiatric or medical emergency, are in immediate danger, or are having thoughts of harming yourself or another person, call 911, go to your nearest emergency department, or call or text 988 to reach the Suicide & Crisis Lifeline. You agree to provide an emergency contact and the address of your physical location at each visit so that emergency services may be dispatched if necessary. You consent to the Provider contacting emergency services or your emergency contact if the Provider reasonably believes you or another person is at risk of imminent harm.

8. Confidentiality and privacy

Information disclosed during a telehealth visit is confidential and protected by the same federal and state laws that protect an in-person visit, including the Health Insurance Portability and Accountability Act (HIPAA) and, where applicable, 42 CFR Part 2. Exceptions to confidentiality include suspected abuse or neglect of a child, elderly person, or vulnerable adult; a serious threat of harm to yourself or an identifiable other; a valid court order or subpoena; and other disclosures required or permitted by law. You agree that you will not record any portion of a telehealth visit without the Provider's prior written permission, and the Provider will not record without yours. You are responsible for securing a private setting on your end and for the security of the device, network, and email account you use.

9. Prescribing, controlled substances, and laboratory testing

Prescriptions are issued at the Provider's clinical discretion and only when clinically appropriate. Prescribing of controlled substances by telehealth is governed by federal and state law, may require an in-person evaluation, may be restricted or unavailable, and is never guaranteed. The Provider may review state prescription drug monitoring program data and may require laboratory testing, prior records, or collateral information as a condition of prescribing. Laboratory testing is ordered at the Provider's discretion; you are responsible for the cost of any laboratory work unless otherwise stated, and for completing recommended testing and follow-up.

10. Financial responsibility

This is a private-pay practice. You are financially responsible for all services rendered, in accordance with the fee schedule and cancellation policy provided to you. The Provider does not bill insurance; a superbill may be furnished on request, and reimbursement is not guaranteed. You have the right to a Good Faith Estimate of expected charges under the No Surprises Act.

11. Medical records and communication

Documentation of telehealth encounters is maintained in your medical record on the same terms as in-person care, and you may request access to it as provided by law. Email, text message, and telephone are used for scheduling and brief administrative matters only; they are not monitored continuously, are not appropriate for clinical or urgent concerns, and carry an inherent risk of interception. By providing your email address or mobile number, you consent to non-urgent communication through those channels.

12. No guarantee of outcome

You understand that the practice of medicine and mental health care is not an exact science and that no guarantee or warranty has been made to you regarding the result of any evaluation, treatment, or laboratory interpretation delivered by telehealth.

13. Acknowledgment and agreement

By signing below, you certify that: you have read this Consent in its entirety, or it has been read to you; the terms and the risks, benefits, and alternatives of telehealth have been explained to you in language you understand; all of your questions have been answered to your satisfaction; and you knowingly and voluntarily consent to receive health care services by telehealth from the Provider. You further acknowledge that you have been offered a copy of this Consent and of the Notice of Privacy Practices. This Consent remains in effect for the duration of the treatment relationship unless withdrawn in writing.

14. Signatures

Patient name (please print) _____ Date of birth _____

Patient signature _____ Date _____

Physical address at time of visit (street, city, state, ZIP) _____

Emergency contact name _____ Emergency contact phone _____

Email address _____ Mobile phone _____

If the patient is a minor or under guardianship: the signature below is that of the parent or legal guardian, who certifies legal authority to consent to the minor's care.

Parent / legal guardian signature _____ Relationship _____ Date _____

Clinician signature — Mabel Rodriguez, PMHNP-BC _____ Date _____

Please return the completed, signed form to care@myrootcausenp.com or upload it to your secure patient portal before your first telehealth appointment.