



Jose Vito MD

Child, Adolescent, Adult and Addiction Psychiatry

ESTABLISHED VIDEO VISIT END USER AGREEMENT

An “**established telepsychiatry visit**” session is the use of electronic information and communication technologies by Dr. Jose Vito to deliver services to me when I am located at a different site than Dr. Jose Vito.

An “established telepsychiatry visit” session will be similar to a routine psychiatric established office visit, except interactive video technology will allow me to communicate with Dr. Jose Vito within New York State. Dr. Jose Vito may require further evaluation and/or recommend a visit to a New York hospital.

I understand NOT TO USE an “established telepsychiatry visit” in an emergency. If I, experience a medical emergency, I will call 911 immediately.

I will receive an invitation (via text message, email, or with their practice link) from Dr. Jose Vito after my initial visit. To access the service, I must first enroll to establish a patient user account with Spruce Health by providing certain information. For a successful visit, I must have an internet or Wi-Fi connection and be in a private, well-lit room. If I have any technical difficulty, I will contact Spruce Health directly via email support@sprucehealth.com or phone +1.608.422.4565. All reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telepsychiatry.

All existing confidentiality protections and existing laws regarding the access to my medical information and copies of medical records under the Federal and New York State law apply to this established telepsychiatry visit.

I understand that I need to be physically located in New York State during the “established telepsychiatry visit” as required by the New York State law. In the event that my certification of any information identified above is inaccurate, I indemnify Dr. Jose Vito from any resulting damages, costs and claims.

I understand that I will be responsible for any payments that apply to my telepsychiatry visit. Dr. Jose Vito currently does not participate with any healthcare plans and a written statement of fees for non-emergency services is available upon request.

I understand that I may withhold or withdraw consent to the “telepsychiatry established visit” at any time without affecting my right of future care or treatment or risk the loss or withdrawal of any program benefits which I would otherwise be entitled. I have been advised of all the potential risks, consequences and benefits of telepsychiatry. I have had an opportunity to ask questions about his information and all of my questions have been answered.

I understand and consent to participate in an “established telepsychiatry visit” to Dr. Jose Vito in providing health care services to me via telepsychiatry. Dr. Jose Vito reserves the right to revoke access at any time for any reason. I represent and warrant that I am at least 18 years of age and possess legal right and ability to agree to these terms.

Patient Name

Date

Signature of Patient
or person authorized to sign for patient if patient is a minor

Date