

Telehealth Informed Consent

- I understand that my health care provider recommends engaging in telehealth services with me to provide treatment.
- I understand this is out of necessity and an abundance of caution and has originated due to the Coronavirus (Covid-19) pandemic. This will continue until such time that we are able to meet in person, or could continue, depending on the particular circumstance.
- I understand that it is my obligation to notify my health care provider of any other persons in the location, either on or off camera and who can hear or see the session. I understand that I am responsible to ensure privacy at my location. I will notify my provider at the outset of each session and am aware that confidential information may be discussed.
- My health care provider has explained to me how the video conferencing technology will be used, and that such a consultation will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider.
- I understand that it is my obligation to notify my health care provider of my location at the beginning of each treatment session. If for some reason, I change locations during the session, it is my obligation to notify my provider of the change in location.
- I understand there are potential risks to this technology, including interruptions, unauthorized transmission of personal health information and technical difficulties. I understand that some of the video platforms have a risk of unsecure transmission of data. I understand that these technology platforms serve to provide videoconferencing capacity only and therefore are not, by themselves, a source of healthcare, medical advice, or care.
- I understand that my health care provider or I can discontinue the telemedicine consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.
- I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. Others may also be present during the consultation other than my health care provider and consulting health care provider in order to operate the video equipment. The above -mentioned people will all maintain confidentiality of the information obtained. I further understand that I will be informed of their presence in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telemedicine examination room: and or (3) terminate the consultation at any time.
- I have had the alternatives to a telemedicine consultation explained to me, and in choosing to participate in a telemedicine consultation. I understand that some parts of

the exam involving physical tests may be conducted by individuals at my location at the direction of the consulting health care provider.

- I understand that the same fee rates apply for telehealth as they do for in-person treatment. Some insurers are waiving co-pays during this time. It is my obligation to contact my insurer before engaging in telehealth to determine if there are applicable co-pays or fees which I am responsible for. Insurance or other managed care providers may not cover telehealth sessions. I understand that if my insurance, HMO, third-party payor, or other managed care provider do not cover the telehealth sessions, I will be solely responsible for the entire fee of the session.
- I agree that I will not record either through audio or video any of the session, unless I notify my health care provider and this is agreed upon.
- I have had the opportunity to ask questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language in which I understand.
- By agreeing to this form, I certify:
 - That I have read or had this form read and/or had this form explained to me
 - That I fully understand its contents including the risks and benefits of the procedure(s).
 - That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction.

Signature:

Date: