

DOB: _____
or Acct# _____



INFORMED CONSENT CHECKLIST FOR TELEHEALTH/TELEMEDICINE SERVICES

Telehealth involves the use of electronic communication through telephone call or videoconferencing to enable patients to have access to health care providers who are at a different location for the purpose of improving patient care. Telehealth is also a means by which providers can collect information, educate, and consult with colleagues regarding patient care in order to provide best health services. Information exchanged may be used for diagnosis, therapy, follow up, and may include medical information, medical images, and audiovisual material. Electronic systems will incorporate network and software security to protect the confidentiality of patient information and safeguard data.

By signing this form, I understand the following:

- The laws that protect privacy and confidentiality of medical information also applies to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to other entities without my consent. No one will record the session, including you or the provider, without permission from both parties. Recording used for training will require written consent.
- I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time without affecting my right to future care or treatment.
- There are potential benefits and risks of video-conferencing that differ from in-person appointments that may limit the type of services that can be offered to my healthcare (e.g., including insufficient video imaging/resolution, inability to take labs/temperature, etc.).
- I agree to use the video-conferencing platform selected for our virtual appointment, and clinic staff will assist me in understanding how to use it. A webcam or a smartphone will be used.
- It is important to use a secure internet connection rather than public/free Wi-Fi, and to be in a quiet, private space free of distractions in a well-lit room.
- We need a back-up plan (e.g., phone number where you can be reached) to restart the session or to reschedule it, in the event of technical problems.
- We need a safety plan that includes at least one emergency contact and the closest ER to your location, in the event of a crisis situation.
- Telehealth services are submitted to my insurance like any other health service; however, if the service is not reimbursed, I am responsible for full payment.
- My provider may determine that due to certain circumstances, telehealth is no longer appropriate and that we should resume our appointments in-person or by other means to get health needs met.

Patient Name (Printed): _____ Date: _____

Patient Signature: _____

Signature of Patient/Patient's Legal Representative: _____