



INFORMED CONSENT CHECKLIST FOR TELEHEALTH SERVICES

Telehealth involves the use of electronic communication through telephone call, text 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. 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 the privacy and confidentiality of medical information also applies to telehealth and no information obtained in the use of telehealth which identifies a patient will be disclosed to other entities without patient consent. No one will record the session without consent from both parties. Recording used for training purposes will require written consent.
- The right to withhold or withdraw consent to the use of telehealth in the course of care at any time without affecting future care or treatment.
- I agree to receive recurring messages from Open Cities Health Center, Inc. I understand I may reply STOP to opt out or reply HELP for help. I also understand that message frequency varies, message and data rates may apply and carriers are not liable for delayed or undelivered messages.
- There are potential benefits and risks of using telehealth that differ from in-person appointments that may limit the type of services that can be offered to healthcare (e.g., including insufficient video imaging/resolution, reduced audio connectivity, etc.).
- 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.
- The patient will need to inform the provider of their physical address at the start of each telehealth session.
- The clinic will need a back-up plan (e.g., a phone number/email where patient can be reached) to restart the session or to reschedule it in the event of technical problems.
- Patients are strongly recommended to be seen in-person for their initial appointment and then every six months after the initial appointment.
- Telehealth services are submitted to insurance like any other health service; however, if the service is not reimbursed, the patient is responsible for full payment.
- Co-pays for telehealth sessions are collected the week following provision of services by the billing department (unless a payment plan is already established with the billing department.)
- 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 healthcare needs met appropriately.

Patient Name (Printed): _____ Date: _____

Patient Signature: _____

Signature of Patient/Patient's Legal Representative: _____