



Tele-health Visit Consent Form

Tele-Health Information for Patients

Telehealth is a way to visit with healthcare providers. You can talk to your provider from any place, including your home. You don't need to go to a clinic or hospital.

How to use telehealth?

- You talk / or use video to communicate with your provider by phone, computer, or tablet;
- You and your provider won't be in the same room, so it may feel different than an office visit;
- Technical problems may interrupt or stop your visit before you are done;
- Your provider may decide you still need further evaluation at a hospital or other clinic;
- If people are close to you, they may hear something you did not want them to know. You should be in a private place, so other people cannot hear you;
- Your provider will tell you if someone else from their office can hear or see you;
- We use telehealth technology that is designed to protect your privacy;

Telehealth Visit Cost?

- What you pay depends on your insurance;
- A telehealth visit will not cost any more than an office visit;
- If you don't have medical insurance, payment will be collected at the time of service;

- I understand that telemedicine is used by health care providers to deliver health care services via audio and video regardless to the location of the parties in communication.
- I understand there are benefits that come with the use of telemedicine, as well as limitations, and that there can be no guarantee as to the results of treatments made through this medium.
- I understand that the main limitation of telemedicine is that it cannot be completely equal to an in-person, face-to-face mode of treatment and such delays may incur due to possible cases of intermittent communication that may arise and for which the telemedicine service provider is not at fault.
- I understand that there are state laws that help protect my privacy by standardizing confidentiality and information security that apply to telehealth and telemedicine consultations such as HIPAA. However, in case my insurance need access to my medical information, I hereby grant release of information requested to my insurance provider and/or its representatives.
- I understand that my participation is voluntary and I have the right to withhold, or withdraw my consent to the use of the telemedicine anytime.
- I understand that my withdrawal does not affect any future treatment with the provider. I am aware and shall solely be responsible for any charges incurred with the use of telemedicine and shall inform the telemedicine service provider the mode of payment I shall prefer.

By signing this Consent, I acknowledge that I have read, understand and have had any of my questions regarding Telehealth answered. I agree to move forward with my Telehealth appointment today with my provider.

Printed Patient Name

Date

Patient Signature