



## Telehealth Services Informed Consent

### General Information

I understand that:

- Videoconferencing technology will be used for my medical visit, and that I will not be in the same room as my health care provider.
- Telehealth services may include: information sharing, document signing, prescriptions, refills, education, diagnosis, treatment advice, and/or appointment scheduling.
- I will have access to my medical records in the same manner as if I had an in-person visit.
- Telehealth services are not intended to treat emergency medical conditions.
- While I may expect the anticipated benefits from the use of telehealth for my care, no results can be guaranteed.
- As with any health care services, there are potential risks associated with the use of telehealth which include, but are not limited to, delays or interruptions in medical evaluation and/or treatment due to deficiencies or failures of the electronic systems.
- My use of telehealth services is voluntary, and if I prefer to schedule an in-person visit I may do so without affecting my right to future care or treatment.

### Confidentiality and Data Security

I understand that:

- All federal and state laws and regulations that protect privacy and confidentiality of medical information also apply to telehealth services.
- Electronic systems used for telehealth will comply with all federal and state laws and regulations that protect individual healthcare and imaging data, confidentiality of patient identification, and include appropriate safeguards.
- In rare instances, security protocols could fail, causing a breach of privacy of my personal medical information.
- I will be informed of all parties who are present at the provider/clinic side of the telehealth visit, and I have the right to exclude anyone from the visit who is not essential to my care.
- I might receive protected health information via email or SMS text messaging, which may not be secure in every instance.
- The telehealth visit will not be videotaped or recorded by any party.

### In Case of Technology Failure

I understand that:

- During a telehealth visit one or more technological systems could fail.
- Prior to beginning the telehealth visit, staff will inform me of the procedure to resume services if technical difficulties arise.
- If the visit cannot be completed via online videoconferencing, staff will contact me by telephone to make an alternate plan for me to receive medical care.

I have read and understand all the information presented to me here. If the provider deems it to be medically safe and appropriate, I consent to:

- Receive services via telehealth services and I am located in a state where my provider is licensed.
- Receive protected health information via email or SMS text messaging, and I understand that messages shared through these communication channels may not be secure in every instance.

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Name please print: \_\_\_\_\_ Date of Birth: \_\_\_\_\_