

Telehealth Acknowledgement/Consent Form

PATIENT'S NAME _____

BIRTHDATE _____

1. I understand that my health care provider, _____, has recommended to me that I engage in a telehealth appointment.
2. My health care provider has explained to me how the telehealth technology will be used to connect me with a provider. Telehealth appointments will be conducted through telehealth platform using laptop, computer, smartphone.
3. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the telehealth appointment if it is felt that the videoconferencing connections are not adequate for the situation. I understand that I can discontinue the telehealth appointment at any time.
4. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. There will be no storage of information on the telehealth platform. There will be a record of the visit in my healthcare provider's electronic record as if the visit had occurred in the office.
5. I have had the alternatives to a telehealth appointment explained to me.
6. In an emergency situation, I understand that the responsibility of the healthcare provider may be to direct me to emergency medical services, such as emergency room. The provider's responsibility will end upon the termination of the telehealth connection.
7. I understand that billing for the telehealth consultation will occur from the primary care provider. The telehealth platform site does not have a fee to use. The billing will be for a visit with the healthcare provider as if it had occurred in the office.
8. I have read this document carefully, and understand the risks and benefits of the telehealth appointment and have had my questions regarding the procedure explained and I hereby consent to participate in a telehealth appointment visit under the terms described herein.

Patient/guardian signature

Date and time