

Informed Consent for Telehealth Services

Patient Name:		Date of Birth:	
Provider Name: _____ Clients Name: _____ Clients Name: _____		Date Consent Discussed	

Telehealth involves the use of electronic communications to enable health care providers at different locations to share individual patient medical information for the purpose of improving patient care. Providers may include primary care practitioners, specialists, psychotherapists, counselors, and/or subspecialists.

The information may be used for diagnosis, therapy, follow-up and/or education, and may include any of the following:

- Patient medical records
- Medical images
- Live two-way audio and video
- Output data from medical devices and sound and video files

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

Expected Benefits:

- Improved access to medical/psychological care by enabling a patient to remain in his/her home/office (or at a remote site) while the physician/provider provides services and consults from their office/distant/other sites.
- More efficient evaluation, therapeutic services and management.
- Obtaining expertise of a distant specialist.

Possible Risks:

As with any medical/healthcare procedure, there are potential risks associated with the use of Telehealth. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the physician/provider and consultant(s);
- Delays in medical/psychological evaluation and treatment could occur due to deficiencies or failures of the equipment;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;
- In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgment errors;

I understand that my physician/provider recommends engaging in telehealth services with me to provide treatment.

1. I understand this is out of necessity and an abundance of caution that has originated due to the Coronavirus (Covid-19) pandemic. This will continue until such time that we are able to meet in person, or could continue, depending on the particular circumstance. Telehealth services may continue at the request of the patient after the Coronavirus pandemic is no longer a threat under appropriate circumstances.
2. I understand that telehealth treatment has potential benefits including, but not limited to, easier access to care.
3. I understand that telehealth has been found to be effective in treating a wide range of disorders, and there are potential benefits including, but not limited to easier access to care. I understand; however, there is no guarantee that all treatment of all patients will be effective.
4. I understand that it is my obligation to notify my provider of my location at the beginning of each treatment session. If for some reason, I change locations during the session, it is my obligation to notify my provider of the change in location.
5. I understand that it is my obligation to notify my provider of any other persons in the location, either on or off camera and who can hear or see the session. I understand that I am responsible to ensure privacy at my location. I will notify my provider at the outset of each session and am aware that confidential information may be discussed.
6. I understand that it is my obligation to ensure that any virtual assistant artificial intelligence devices, including but not limited to Alexa, Google Home or Echo, will be disabled or will not be in the location where information can be heard.
7. I agree that I will not record either through audio or video any of the session, unless I notify my provider and this is agreed upon.
8. I understand there are potential risks to using telehealth technology, including but not limited to, interruptions, unauthorized access, and technical difficulties. I understand some of these technological challenges include issues with software, hardware, and internet connection which may result in interruption.
9. I understand that my provider is not responsible for any technological problems of which my provider has no control over. I further understand that my provider does not guarantee that technology will be available or work as expected.
10. I understand that I am responsible for information security on my device, including but not limited to, computer, tablet, or phone in my own location.
11. I understand that my provider or I (or, if applicable, my guardian or conservator), can discontinue the telehealth consult/visit if it is determined by either me or my provider that the videoconferencing connections or protections are not adequate for the situation.
12. I understand that 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.

13. I have had the opportunity to ask questions concerning services via telehealth. My questions have been answered, and the risks, benefits, and any practical alternatives have been discussed with me.
14. Doxyme and RingRX are the technology services we will use to conduct telehealth videoconferencing/ phone appointments. Prior to each session using Doxyme, I will use an email link provided to enter the “waiting room” until the session begins. There are no passwords or log in required.

By signing this document, I acknowledge:

1. Doxyme and RingRX are NOT an emergency services. In the event of an emergency, I will use a phone to call 9-1-1 and/or other appropriate emergency contact.
2. I recognize my provider may need to notify emergency personnel in the event he/she feels there is a safety concern, including but not limited to, a risk to self/others or my provider is concerned that immediate medical attention is needed.
3. Though my provider and I may be in virtual contact through telehealth services, neither Doxyme, RingRX, or my provider provides any medical or emergency or urgent healthcare services or advice. I understand should medical services be required; I will contact my physician. If emergency services are needed, I understand I should call 9-1-1.
4. The Doxyme and RingRX facilitate videoconferencing/phone service/ facsimile/text services and this technology platform is not, itself, a source of healthcare, medical advice, or care.
5. I understand that the same fee rates apply for telehealth as apply for in-person treatment. Some insurers are waiving co-pays during this time. It is my obligation to contact my insurer before engaging in telehealth to determine if there are applicable co-pays or fees which I am responsible for. Insurance or other managed care providers may not cover telehealth sessions. I understand that if my insurance, HMO, third-party payor, or other managed care provider do not cover the telehealth sessions, I will be solely responsible for the entire fee of the session.
6. During these times of the impact of Coronavirus (Covid-19) my provider may not have access to all of my medical/treatment records. My provider has made reasonable efforts to obtain records, but I understand and agree this may not be reasonably possible.
7. To maintain confidentiality, I will not share my telehealth appointment link or information with anyone not authorized to attend the session.
8. I understand that I may receive medical records from the Telehealth visit at the practice’s customary fees for medical records.
9. I understand that either I or my doctor/provider can discontinue the telehealth services if those services do not appear to benefit me therapeutically or for other reasons which will be explained to me.
10. I understand there may be no other treatment alternative available. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time.

11. I have read and understand the information provided above regarding telehealth and had the opportunity to question the staff on Telehealth. I hereby give informed consent to the use of telehealth.

12. EMERGENCY Situations – If there is an emergency situation Telehealth is not an appropriate method of care.

**IN CASE OF AN EMERGENCY, YOU SHOULD SEEK IMMEDIATE MEDICAL ATTENTION
OR EMERGENCY CARE BY CALLING 911.**

Signed:

Name of Client or Client's
Representative:

Date: