

Patient Acknowledgment Form for Telehealth Services

I understand that my provider has recommended to me that I engage in a telehealth appointment. My provider has explained to me how the telehealth technology will be used during my appointment.

I understand that telehealth appointments are conducted through videoconferencing and my provider will not be physically present.

I understand there are potential risks to the telehealth technology including but not limited to, interruptions, delays, unauthorized access, and or other technical difficulties. I understand that the provider or I can discontinue the telehealth appointment if the technical connections are not adequate for my visit.

I understand that others individuals and or non-medical individuals may be present during the telehealth appointment in addition to the healthcare provider/specialty care provider in order to operate the technical equipment. I further understand that I will be informed of their presence, and that any individual involved in my care will maintain patient confidentiality. I understand that I have the right to request the following: (1) omit specific details of my medical/physical/behavioral examination that are personally sensitive to me; (2) ask non-medical individual to leave the telehealth examination room; and (3) terminate the telehealth appointment at any time.

In an emergent situation, I understand that the responsibility of the telehealth provider/specialty provider may be to direct me to emergency medical services, such as an emergency room. I further understand the telemedicine provider/specialty provider may advise my primary care provider and the responsibility of the telehealth provider/specialty provider will conclude upon the termination of the telehealth connection.

I understand that my health information may be shared for scheduling or billing purposes. I understand that billing for telehealth appointments/services may occur from my primary care provider, a telehealth provider, and a facility fee from the site from which I presented.

By checking the box to agree to this acknowledgment form, I certify that I have read or have had read/explained to me and understand the risks and benefits of a telehealth appointment. I acknowledge that I have been given the opportunity to ask questions and those questions have been answered to my satisfaction, and hereby consent to a telehealth appointment.