



**CONSENT TO PATIENT HOME
TELEHEALTH ENCOUNTER AT HOME
CONSENT (9)**

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Patient Name: _____

MRN: _____ DOB: _____

Treatment Location: _____

I. DESCRIPTION, PURPOSE AND BENEFITS

I have been informed that video conferencing equipment will be used to provide a telehealth encounter at home via real-time interactive services and also may include the use of certain technologies to collect images and data to assist in my evaluation, diagnosis and treatment. I also have been informed that the encounter will be somewhat different from an in-person patient encounter due to the fact that I will not be in the same room as my telehealth consulting physician or designee. I further understand that I will have an opportunity to speak with the physician or designee and ask questions.

I understand that individuals other than my healthcare providers may be present during the telehealth encounter in order to operate the video conferencing equipment, and that my protected healthcare information also may be shared for scheduling and billing purposes as such information is shared for in-person visits. I further understand that I will be informed of the presence of any non-medical personnel who may be present and will have the right to request the following:

- i. Omit specific details of my medical history/physical examination that are personally sensitive to me if the non-medical personnel need to remain;
- ii. Ask non-medical personnel to leave; and/or
- iii. Terminate the telehealth encounter at any time.

I further understand that either my physician or designee or I can discontinue the telehealth encounter at any time if it is determined that the videoconferencing connections are not adequate to assess my particular medical situation in which case I will be referred to another healthcare provider for an in-person evaluation.

II. LIMITATIONS AND RISKS ASSOCIATED WITH THE TELEHEALTH CONSULT

I understand that certain limitations exist with a telehealth encounter including a provider's ability to perform a comprehensive physical assessment and certain diagnostic tests, as well as to obtain and transmit certain clinical findings via video/audio. I further understand that telehealth is not suitable to provide a diagnosis and treatment plan for every medical condition. Additionally, the treatment of certain medical conditions may require the use of equipment not available in a telehealth encounter. For these reasons, my particular medical needs may require an in-person encounter with a clinician and/or the need to undergo certain laboratory or other diagnostic tests. The physician performing the telehealth encounter or designee will inform me whether a telehealth encounter is sufficient to render a diagnosis and/or provide treatment recommendations, or if further evaluation of my medical condition is needed. I also have been informed that certain medications such as narcotics may not be prescribed during a telehealth encounter.

The physician performing the telehealth encounter or designee also has explained to me that the usual and most frequent risks associated with this type of encounter include: (i) interruptions to Internet access and/or technical difficulties which may affect the clinical information obtained and transmitted or prematurely end the encounter; (ii) unauthorized access to the videoconferencing equipment which may result in a breach of my protected health information; (iii) patient utilization of a third party connection to participate in the telehealth encounter at home which may become insecure resulting in a breach of my protected health information; (iv)

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Established Patient

PATIENT LABEL HERE