

Consent for Telehealth

Services to be Provided via Telehealth:

- TeleMedicine
- TeleTherapy

I agree to receive the healthcare services provided by MD/CRNP/LICSW as a Telemed service.

- Yes
- No


I understand that the health care practitioner is located in another location. A teletherapy service means that my visit with a practitioner at the distant site will happen by using special audiovisual equipment. This consent is valid for 6 months for follow-up teletherapy services with the health care provider, medical treatment, provider payment, and health care operations. The original document is retained in the medical record, and the recipient receives a copy.

I also understand that:

- I can decline the telemedicine service at any time without affecting my right to future care or treatment, and any program benefits to which I would otherwise be entitled cannot be taken away.
- I may have to travel to see a health care practitioner in person if I decline the telemedicine service.
- If I decline the telehealth services, the other options/alternatives for me, including in-person services, are as follows:
 - Arrange services with another provider at your own expense and arrange your own transportation as necessary.
 - Schedule an appointment to see our physician/nurse/therapist in-person understanding that it may be the same person you would have seen via TeleMed.
 - Understand that in-person days with our physician/nurse/therapist are not as frequent as our TeleMed days.
 - Other:
- The same confidentiality protections that apply to my other medical care also applies to the telemedicine services.
- I will have access to all medical information resulting from the telemedical service as provided by law.
- The information from the telehealth service (defined as **images that can be identified as mine or other medical information from the telehealth service**) cannot be released to researchers or anyone else without my additional written consent.
- I will be informed of all people who will be present at all sites during my telehealth service.
- I may exclude anyone from any site during my telehealth service.
- I may see an appropriately trained staff person or employee in-person immediately after the telehealth service if an urgent need arises **OR** I will be told ahead of time that this is not available.
- I may contact the healthcare provider at phone number **(334) 222-2523** for any questions I have related to medical services received through a telehealth provider/site.

I have read this document carefully, and my questions have been answered to my satisfaction.

- Yes
- No

I have been offered a copy of this consent form and have 

Complete