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 **Consent: Telemedicine Visits**

1. I understand that telemedicine has potential benefits including, but not limited to, easier access to care.
2. I understand this is out of necessity and an abundance of caution and has originated due to the Coronavirus (Covid-19) pandemic. This may continue, depending on the particular circumstance.
3. I understand that telemedicine treatment has potential benefits including, but not limited to, easier access to care.
4. I understand that telemedicine has been found to be effective in treating a wide range of disorders, however, there is no guarantee that all treatment of all patients will be effective.
5. I understand that it is my obligation to notify my physician 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 physician at the outset of each session and am aware that confidential information may be discussed.
6. I agree that I will not record either through audio or video any of the session, unless I notify my physician and this is agreed upon.
7. I understand there are potential risks to using telemedicine, 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.
8. I understand that my physician is not responsible for any technological problems of which my physician has no control over. I further understand that my physician does not guarantee that technology will be available or work as expected.
9. I understand that I am responsible for information security on my device, including but not limited to, computer, tablet, or phone, and in my own location.
10. I understand that my physician or I (or, if applicable, my guardian or conservator), can discontinue the telemedicine consult/visit if it is determined by either me or my physician that the videoconferencing connections or protections are not adequate for the situation.
11. I have had a conversation with my physician, during which time I have had the opportunity to ask questions concerning services via telemedicine. My questions have been answered, and the risks, benefits, and any practical alternatives have been discussed with me.
12. Healow, PerfectServe and/or Facetime, will be the technology services we will use to conduct telemedicine videoconferencing appointments. My physician has discussed the use of these platforms. Prior to each session, I will receive an email link to enter the “waiting room” until the session begins. There are no passwords or log in required.

**By signing this document, I acknowledge:**

1. Healow, PerfectServe or Facetime, are ***NOT*** emergency services. In the event of an emergency, I will use a phone to call 9-1-1 and/or other appropriate emergency contacts.
2. I recognize my physician may need to notify emergency personnel in the event she feels there is a safety concern, including but not limited to, a risk to self/others or my physician is concerned that immediate medical attention is needed.
3. I understand that the same fee rates apply for telemedicine 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 telemedicine to determine if there are applicable co-pays or fees which I am responsible for. Insurance or other managed care providers may not cover telemedicine sessions. I understand that if my insurance, HMO, third-party payor, or other managed care provider do not cover the telemedicine sessions, I will be solely responsible for the entire fee of the session.
4. To maintain confidentiality, I will not share my telemedicine appointment link or information with anyone not authorized to attend the session.

**I have read and understand the information provided above regarding telemedicine, and I hereby give informed consent to the use of telehealth.**

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Signature of patient (or guardian/conservator)

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Child(ren) for whom telemedicine may be authorized

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Printed name

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Date