

Informed Consent Telehealth Services

Thank you for choosing Valley Family Health Care! This document is meant to help you understand telehealth and the risks and benefits of this service. If you have any questions, please ask and we will do our best to answer them.

WHAT IS TELEHEALTH?

Telehealth is a visit with a health care provider which uses video conferencing software or even your telephone to connect to your provider. When using video conferencing, both you and the provider will use a camera and speakers to communicate with each other about your healthcare.

RISKS, BENEFITS, AND LIMITATIONS

- Telehealth eliminates barriers to accessing care and provides an alternative means to obtaining services for patients who may otherwise have limited accessibility or encounter prolonged waiting lists in the community.
- Telehealth audiovisual equipment may experience technical difficulties. If this happens, a Valley Family Team member will be available to assist with connecting you to appropriate care.
- While every precaution is taken to secure your data and maintain confidentiality, the nature of electronic appointments results in additional exposure to security breaches.
- Telehealth may not be suitable for all cases. There are certain problems that may require higher levels of care and your provider may request that you present for an in-person physical assessment.
- You may elect to seek treatment in a more traditional, in-office visit with your provider.
- Pursuing treatment via telehealth is a decision made by you. You are able to withdraw your consent at any time.
- Please understand that no results can be guaranteed, despite our best efforts to deliver care.
- VFHC is providing telehealth services in good faith to ensure the safety of patients. This form of service may not be covered by your insurance due to the current changing nature of eligible services.

RIGHTS AND RESPONSIBILITIES

Valley Family Health Care reserves the right to assess suitability and appropriateness of telehealth candidates due to the potential limitations mentioned above. We believe you should be an active participant in your healthcare. As a patient, you have the right to:

- Participate in decisions made about your health and treatment.
- Ask questions about your care at any time during your treatment.
- Discontinue services at any time.
- Refuse participation in services.
- Seek a second opinion about your treatment.
- File a complaint to administration or your provider's licensing board without retaliation.
- You also have rights afforded to you by the Health Insurance Portability and Accountability Act (HIPAA) which are outlined in Valley Family Health Care's Notice of Privacy Practices which you received during your first visit.

Additionally, as a participant in telehealth services, you have a role in maintaining your privacy and confidentiality. When utilizing telehealth services,

- Find a place in your home that is private while engaging in care.
- Ensure the area is quiet and free from distractions so you are able to fully engage with your health care provider.
- Ensure you have access to a phone and the clinic's phone number should you have technical difficulties.



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CONSENT TO PARTICIPATE IN TELEHEALTH SERVICES

- I have read and understand the document titled, “Informed Consent Telehealth Services” and a staff member was available to review and answer my questions about this service.
- I understand that the provider I am consulting with will document the visit in my medical record.
- I realize that no guarantee has been made as to the outcome of my or my dependent’s care.
- I understand that VFHC is providing telehealth services in good faith to ensure the safety of patients. I understand that this form of service may not be covered by my insurance.
- By signing below, I am agreeing to participate in telehealth services with Valley Family Health Care.
- I, individually and/or on behalf my dependent/child, am authorizing Valley Family Health Care to use telehealth for my or my dependent’s evaluation and treatment.

_____ Patient Name:	_____ Signature:	_____ Date and Time:
_____ Parent, Guardian, or Legal Representative:	_____ Signature:	_____ Date and Time:
_____ Staff Name:	_____ Staff Signature:	_____ Date and Time:

For patients unable to sign informed consent, a team member of Valley Family Health Care may obtain verbal consent from the patient.

I reviewed the above informed consent with patient identified on this form. Patient verbally expressed understanding and gave consent for treatment via telehealth services.

_____ Patient Name:	_____ DOB:	
_____ Staff Name:	_____ Staff Signature:	_____ Date and Time: