



## **CONSENT TO RECEIVE MEDICAL, DENTAL AND BEHAVIORAL HEALTH SERVICES VIA TELEHEALTH**

This form gives you facts about, and risks of, telehealth services.

By signing this form, or verbally agreeing to its terms, you consent to receive telehealth services and treatment by a Whitman-Walker Health medical, dental or behavioral health provider, and you acknowledge your understanding and agreement to the following:

- You will be participating in a medical, dental or behavioral health telehealth visit at a location different from where your Whitman-Walker Health provider is located, which may limit the ability of your provider to provide medical care. For example, your provider will not be able to conduct an in-person physical examination and cannot provide emergency medical services during a telehealth visit.
- It is the role of your provider to determine whether or not the condition you are being diagnosed with or treated for is appropriate for a telehealth visit.
- You or your provider may require an in-person examination before or after diagnosing or prescribing a treatment plan.
- If you are experiencing a medical or mental health emergency, you understand you will be asked to immediately call 911 or go to the nearest emergency room.
- This telehealth visit and future telehealth visits will be conducted with the use of real-time interactive two-way audio, video or other electronic communications. Whitman-Walker Health has taken steps to protect the security of information disclosed during the session, but Internet security and privacy are not guaranteed. You understand that (1) security protocols could fail, potentially causing a breach of your protected health information, (2) information you transmit through telehealth technology may be insufficient to allow for appropriate medical decision-making by your provider (for example, poor image resolution); or (3) failures of equipment (for example, servers, devices) or infrastructure (for example, communications lines, power supply) may cause delays in medical evaluation and treatment, or loss of information, and you agree to hold Whitman-Walker Health harmless for any loss of protected health information that occurs due to technological failure.
- Whitman-Walker Health will need to obtain an accurate medical and mental health history, condition(s) and description of current or previous medical or mental health care from you during telehealth sessions to best support diagnosis, therapy, follow-up and/or education.
- Your provider may have other medical staff participate in your telehealth visit and you agree to medical staff participation. You have the right, at any time, to request the medical staff to leave the telehealth visit.

- If you allow another person to participate in your telehealth visit (e.g., family, caregiver), you consent to their participation.
- Whitman-Walker Health may share your identifiable information from your telehealth visits with third parties, except as prohibited by law. Whitman-Walker Health may separately request your consent to share identifiable information from your telehealth visits with third parties, as necessary.
- There are potential risks to telehealth, such as technological interruptions, unauthorized access, and technical difficulties. Your provider will obtain or confirm your contact information in order to reach you in the event of a technical issue.
- You or your provider can stop any telehealth visit if either of you feel that the videoconferencing connections are not adequate for the situation.
- Having a telehealth visit is your choice. Even if you have agreed to the session, you can change your mind about participating in this or future telehealth sessions. You have the right to withdraw your consent.

**BY SIGNING YOUR NAME BELOW, YOU ACKNOWLEDGE THAT YOU HAVE READ (OR HAVE HAD READ TO YOU), AND UNDERSTAND EACH OF THE SEPARATE PARAGRAPHS ABOVE, YOU HAVE HAD A CHANCE TO ASK WHITMAN-WALKER HEALTH STAFF ANY QUESTIONS YOU MAY HAVE, AND YOU CONSENT TO THE TELEHEALTH SERVICES AND TREATMENT PROVIDED TO YOU BY WHITMAN-WALKER HEALTH.**

**This Consent lasts for as long as telehealth services continue, unless you exercise your right to withdraw your consent at any time.**

**If you are not able to place a wet signature or electronic signature on this Consent and return it to Whitman-Walker Health, you will verbally inform Whitman-Walker Health that you have reviewed this form and provide your verbal consent. Whitman-Walker Health will document your consent to telehealth services in your electronic medical record.**

\_\_\_\_\_ **COURT ORDER PROVIDED WHEN APPLICABLE (copy attached)**  
 Initials of medical provider to verify that a copy is attached

<b>Printed Name of Patient:</b>	<b>Date of Birth:</b>
<b>Signature:</b> <i>(If applicable)</i>	<b>Date:</b>
<b>Patient Location for telehealth visits (list state):</b>	
<b>Printed Name of Parent/Legal Guardian (if applicable):</b>	
<b>Relationship to Patient:</b>	
<b>Signature:</b>	<b>Date:</b>

