

River Hills Community Health Center Authorization and Consent to Participate in Telehealth Services

In an effort to mitigate patient and staff exposure to airborne particles that may pose a threat to the safety and wellbeing in our area and surrounding populations River Hills Community Health Center is deploying Telehealth service capabilities. This will ensure patients have direct access to a provider or care within our health system without risk of exposure to COVID-19.

This form provides the proper authorization/consent for participation in the telehealth or video conferencing services and to allow River Hills CHC to provide these services and bill to your insurance company.

1. Purpose and Benefits. The purpose of this service is to use telehealth or video conferencing to enable patients who are symptomatic or believe they have had exposure to someone with COVID-19 as well as those patients living in rural and/or underserved areas to get medical care without the inconvenience and expense of traveling to a city.

2. Nature of Telehealth Services: During the telehealth visit: a. Details of you and/or your medical history, examinations, x-rays, and tests will be discussed with other health professionals through the use of interactive video, audio and telecommunication technology.

b. Physical examination may take place.

c. Nonmedical technical personnel may be present in the office to aid in video transmission.

d. Video, audio, and/or digital photo may be recorded during the telehealth visit.

3. Medical Information and Records: All existing laws regarding your access to medical information and copies of your medical records apply to this telehealth service. Additionally, dissemination of any patient-identifiable images or information from this telehealth interaction to researchers or other entities shall not occur without your consent, unless authorized under existing confidentiality laws.

4. Confidentiality: Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telehealth services. All existing confidentiality protections under federal and State law apply to information disclosed during this telehealth or video service.

5. Risks and The Need for Further Evaluation: The telehealth service will be similar to a standard office visit, except interactive video technology will allow you to communicate with a qualified provider of healthcare services remotely. The use of video technology to deliver healthcare and educational services is a newer technology and may not be equivalent to direct patient to provider contact. Following the telehealth visit, your provider may recommend a visit to an area hospital who provides specialty care or further evaluation.

6. Your Rights: You may withhold or withdraw consent to the telehealth consultation at any time without affecting your right to future care or treatment. Revocation of this consent does not create a risk, loss of, or withdrawal of any program benefits for which you would otherwise be entitled.

If at any time during your Telehealth visit you wish to stop and request an in-person visit, you have that option to consult with a provider of medical services in person.

7. Financial Agreement: This telehealth visit will be billed to your insurance company. However, in the event they refuse payment you may be held financially responsible for any and/or all telehealth services rendered to you by River Hills CHC.

I have read the above information and understand all the potential benefits and/or risks of telehealth. I have had an opportunity to ask questions about this information and all of my questions have been answered to my satisfaction to continue with the Telehealth visit.

Signature: _____ Date: _____

Printed Name: _____

Patient (or person authorized to give consent) If signed by person other than patient, provide relationship to patient:

Witness: _____ Date: _____