



## INFORMED CONSENT FOR TELEHEALTH

Columbia Valley Community Health (CVCH) knows that there are times in which a face to face visit with your provider is not possible and is committed to continue to serve you by providing care through telehealth services.

**DESCRIPTION OF TELEHEALTH SERVICES:** Telehealth visits are a secure, privacy protected visit that is video based.

- Your provider will always be in a secure and private location to provide telehealth services. You must also be aware of your surroundings when telehealth services are provided to you. It is your responsibility to choose a location where your conversations with your provider cannot be overheard by others.
- The video link is a secure method of delivery. In order to maintain the full security of the connection, you will need to connect to the session using a cellular data plan or using a secure Wi-Fi network. This means that the Wi-Fi network that you use must require a password that is not publicly available or publicly displayed.
- Your health care provider may transmit (or share electronically) details of your medical history, examinations, x-rays, tests, photographs, or other images as needed to specialists to provide accurate and necessary care.
- Details of your medical history, examinations, medications, x-rays, and tests will be documented in your medical chart as usual.
- You will be informed if any additional personnel are to be present other than yourself, individuals accompanying you, and the presenting practitioner.
- Video recordings of the telemedicine consultation will NOT be taken unless first authorized by you in writing.
- If the connection is lost, you will be contacted at the phone number listed in your chart. It is your responsibility to ensure you have provided the best contact number, so you can be reached if you are disconnected.
- By signing this consent, you release CVCH from all claims, damages, losses, and expenses arising out of your failure to use a secure location and method of communicating with CVCH while engaging in telehealth services, including but not limited to your use of an unsecure Wi-Fi connection.

**RISKS:** As with any medical service there are potential risks associated with the use of telehealth services, these include but are not limited to:

- There is a possibility of equipment failure, poor image resolution and information security issues. These risks could impair the evaluation and cause delay in treatment. Delay could result in worsening of your issue, potentially resulting in the need for in-person care.
- In very rare instances, security protocols could fail causing a breach of privacy or personal medical information.

**BENEFITS:**

- Improved access to care
- More efficient evaluation process
- Ability to access your provider without the need to travel

**ALTERNATIVES:**

- The alternative to telehealth services includes receiving face-to-face services from a health care provider, or not receiving any treatment. However, due to the COVID-19 public health emergency, there might not be any providers available to provide face-to-face services to patients. Additionally, the choice not to receive any treatment could make the condition worse.

**YOU HAVE THE RIGHT TO:**

- Refuse the telehealth consultation or stop participation in the telehealth consultation at any time.
- Limit any physical examination proposed during the telehealth consultation.
- Request that the presenting practitioner refrain from transmitting any information if you make the request before the information is transmitted.

**I acknowledge that the health care providers involved have explained the consultations in a satisfactory manner and that all questions that I have asked about the consultations have been answered in a manner satisfactory to me or to my representative. Understanding the above, I consent to the telehealth process described above.**

Patient Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name/Relationship of Authorized Signer (if other than patient): \_\_\_\_\_