TELEHEALTH INFORMED CONSENT

Telehealth After Hours Emergency Consultation services provided by Canyon Medical Center is provided as assistance to remote patients who are unable to seek immediate veterinary medical attention or to provide assistance in determining if an emergency truly exists. By no means, is the telehealth visit a replacement for an in-house face to face examination and diagnostic procedures. It merely is provided as a service to patients that either are unable to seek veterinary immediate assistance or are unsure. Due to the fact that telehealth providers are limited in their "hands on" examination and diagnostic procedures, the visit is merely a means to speak immediately with a qualified emergency veterinarian to triage cases and seek assistance.

Telehealth is veterinary healthcare provided by any means other than a face-to-face visit. In telehealth services, medical health information is used for diagnosis, consultation, treatment, therapy, follow-up, and education. Health information is exchanged interactively from one site to another through electronic communications. Telephone consultation, videoconferencing, transmission of still images, e-health technologies, patient portals, and remote patient monitoring are all considered telehealth services.

Patient's Initials Required for the Following Section.

_____ I understand that telehealth involves the communication of my animal's medical health information in an electronic or technology-assisted format.

_____ I understand that I may opt out of the telehealth visit at any time. This will not change my ability to receive future care at this office.

_____ I understand that telehealth services can only be provided to patients, including myself, who are residing in the state of at the time of this service.

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_____ I understand that telehealth billing information is collected in the same manner as a regular office visit. All services rendered are payable at the time of service. Failure to show up for your assigned telehealth appointment will not result in a refund. Please be attentive to your time slot and that staff have provided their time and availability to you.

_____ I understand that all electronic medical communications carry some level of risk. While the likelihood of risks associated with the use of telehealth in a secure environment is reduced, the risks are nonetheless real and important to understand. These risks include but are not limited to: • It is easier for electronic communication to be forwarded, intercepted, or even changed without my knowledge and despite taking reasonable measures. • Electronic systems that are accessed by employers, friends, or others are not secure and should be avoided. It is important for me to use a secure network. • Despite reasonable efforts on the part of my provider, the transmission of medical information could be disrupted or distorted by technical failures.

_____ I agree that information exchanged during my telehealth visit will be maintained by the doctors, other healthcare providers, and healthcare facilities involved in my care.

_____ I understand that medical information, including medical records, are governed by federal and state laws that apply to telehealth. This includes my right to access my own medical records (and copies of medical records).

_____ I understand that Skype, FaceTime, or a similar service may not provide a secure HIPAA-compliant platform, but I willingly and knowingly wish to proceed.

_____ I understand that I must take reasonable steps to protect myself from unauthorized use of my electronic communications by others.

_____ The healthcare provider is not responsible for breaches of confidentiality caused by an independent third party or by me.

_____ I agree that I have verified to my healthcare provider my identity and current location in connection with the telehealth services. I acknowledge that failure to comply with these procedures may terminate the telehealth visit.

_____ I understand that I have a responsibility to verify the identity and credentials of the veterinary healthcare provider rendering my care via telehealth and to confirm that he or she is my veterinary health care provider.

_____ I understand that electronic communication cannot be used for emergencies or time sensitive matters.

_____ I understand and agree that a medical evaluation via telehealth may limit my healthcare provider's ability to fully diagnose a condition or disease. As the patient, I agree to accept responsibility for following my veterinary healthcare provider's recommendations—including further diagnostic testing, such as lab testing, a biopsy, or an in-office visit.

_____ I understand that electronic communication may be used to communicate highly sensitive medical information.

_____ I understand that my veterinary healthcare provider may choose to forward my information to an authorized third party. Therefore, I have informed the veterinary healthcare provider of any information I do not wish to be transmitted through electronic communications.

_____ By signing below, I understand the inherent risks of errors or deficiencies in the electronic transmission of health information and images during a telehealth visit.

_____ I understand that there is never a warranty or guarantee as to a particular result or outcome related to a condition or diagnosis when veterinary medical care is provided.

_____ To the extent permitted by law, I agree to waive and release my veterinary healthcare provider and his or her institution or practice from any claims I may have about the telehealth visit.

_____ I understand that electronic communication should never be used for emergency communications or urgent requests. Emergency communications should be made to the provider's office or to the existing services in my community.

I certify that I have read and understand this agreement and that all blanks were filled in prior to my signature with the opportunity to have questions answered to my satisfaction.

For electronic communication between and staff and Canyon Veterinary Medical Center's Doctors. (Patient's name)

_____ _____

Patient or Legal Representative Signature Patient or Legal Representative Name Print

_____

Relationship to Patient

_____ _____

Date Time

_____

Witness Signature

_____ _____

Date Time

I certify that I have explained the nature of this agreement to the veterinary patient/patient's legal representative.

I have answered all questions fully, and I believe that the patient/legal representative (circle one) fully understands what I have explained.

_____

Veterinary Healthcare Provider Signature

_____ _____

Date Time

_____Copy given to patient & original placed in chart (Initial Required)

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