



CHICAGO NEUROSCIENCE INSTITUTE

Telehealth Consent

Patient Name:
Provider Name:

Date of Birth:
Date of Consent Obtained:

To better serve the needs of patients, some of our services may be available by telehealth (two-way interactive telecommunications system). For the purpose of this consent telemedicine falls under the heading of telehealth. This consent explains telehealth care. If you have any questions, please ask your provider.

I understand that I may be evaluated and treated via telehealth and agree to the following:

1. Telehealth Services:

Telehealth represent two-way electronic communication between a patient and their healthcare provider. I understand that it may involve live transmission of video or digital photographs of me, and/or details of my health (“Transmitted Data”). All transmitted data is sent via electronic means to my provider(s) to facilitate health care services. I understand for the purpose of this consent the following terms apply:

- Telehealth is different from traditional care in that the patient and provider do not meet physically in person.
- Patients will be informed of any additional personnel that are to be present, seen or unseen, during the encounter. Patients must inform their provider of any person other than the patient who is present. Patients have the right to exclude anyone from either location.
- Patients have the right to refuse or stop participation in telehealth services at any time and request an in-person appointment; however, equivalent in-person services might not be available at the same location or time as telehealth services. A refusal to participate in telehealth will not affect rights to future care or benefits to which a patient may otherwise be entitled.
- Patients have the right to follow-up with their provider as necessary with questions or concerns.
- Benefits of telehealth include that the patients and providers can continue health care services when an in-person appointment is not possible, is not prudent, or is inconvenient. The provider can also visualize some of the client’s environment. Telehealth may also minimize exposure to illness.
- There are also risks involved in telehealth including, without limit, the physician losing the ability to:
 - perform aspects of a physical examination (for example listening to the patients heart and lungs or verifying vital signs);
 - provide hands-on treatment to the patient;
 - read physical or vocal cues/tones, and facial expressions;
 - provide immediate emergency physical services/care.
- Additionally, technical issues may disrupt the visit. There are also risks to preserving confidentiality including the risk that communications may be overheard; and that communications may be accessed by unknown third-parties.
- Patients shall have the right to access a copy of the medical record resulting from the telehealth services as provided by applicable law for patient access to medical records.

Telehealth Consent

2. Confidentiality:

- Confidentiality protections required by law or regulation will apply to my care.
- Although confidentiality extends to communications by text, email, telephone, videoconference and other electronic means, providers cannot guarantee that those communications will be kept confidential and/or that a third-party may not gain access to such communications. With electronic communication, there is always a risk that communications may be compromised, unsecured, and/or accessed by a third-party.
- To help maintain confidentiality when engaging in electronic health services, it is important that all sessions be conducted in a confidential place. This means that patients agree to participate in telehealth only while in a room or area where other people are not present and cannot overhear the conversation. The patient is not to have sessions in public places.
- Sessions may not be recorded and patients must seek written permission before recording any portion of the session and/or posting any portion of sessions.

3. Emergencies:

- Telehealth is not appropriate if a patient is experiencing an emergent health care situation.
- If an emergency occurs or a client is in a state of crisis, call 911.
- If an emergency occurs during a telehealth encounter, call 911 and stay on the video connection (if possible) until help arrives.

4. Insurance Coverage

- Illinois law permits licensed healthcare providers including dietitians to provide care via telehealth.
- Under Illinois law, telehealth means that the physician-patient/healthcare provider -patient interaction is synchronous (live) and two-way, such as live video chat or a live phone consultation.
- Under current Illinois law and the Governor’s Executive Order No. 7, health plans must cover costs of medically necessary and appropriate telehealth services (live, interactive, two-way communications) rendered by in-network providers. However, I understand this is not a guarantee that my insurer will reimburse for these services.
- I understand that the law also permits my physician to communicate with me via non-simultaneous electronic methods (such as e-mail, texts, patient portals), but neither the law nor the Executive Order requires my health plan to reimburse them.
- The practice’s usual and customary financial policies will apply to any amounts that are not reimbursed by insurance. I am responsible for payment in full or for any outstanding balances in the event my insurance does not pay.

5. Cash Payment

- If I do not have insurance coverage for the virtual visit I will be required to pay at the time of service.

I have read and agree to the terms of this Telehealth Consent document. I understand that telehealth is not a substitute for in person healthcare services. I understand that telehealth is not appropriate if I am experiencing a crisis or having suicidal or homicidal thoughts. In case of emergency situations, I will personally contact 911.

I hereby consent to participation in telehealth consultations and follow-ups.

_____ Date ____/____/_____
Printed Patient Name

Patient Signature