

Telehealth Informed Consent

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Roots & Rivers Naturopathic Medical Center

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I understand that my health and wellness provider Roots & Rivers Naturopathic Medical Center may wish me to have a telehealth consultation.

Telemedicine is defined as “the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment. “Telemedicine” does not include the use of audio-only telephone, facsimile, or email.” (RCW 70.41.020 (<https://app.leg.wa.gov/RCW/default.aspx?cite=70.41.020>))

This means that through an interactive video connection, I will be able to consult with the above-named provider about my health and wellness concerns. My provider has explained to me how telehealth will be used to do such consultation and how else we will use telehealth to connect while working together, using the Healthie telehealth platform.

Distant Site refers to **where the provider is located** i.e. providing care from a distance.

Originating Site refers to **where the patient is located** i.e. where the visit is originating.

Healthcare professionals’ practice is regulated by the practice laws in the state where the patient is located (originating site).

Scope of practice is regulated by the state a healthcare professional is licensed in.

Example: If a healthcare professional is located and licensed in Washington State but seeing a patient in Oregon State, that healthcare professional is obligated to be licensed in Oregon and adhere the Scope of Practice in Oregon. Otherwise, it is not a medical appointment.

I understand there are potential risks with this technology:

- The video connection may not work or it may stop working during the consultation.
- The video picture or information transmitted may not be clear enough to be useful for the consultation.

The benefits of a telehealth consultation are:

- I do not need to travel to the consult location.
- I have access to a specialist through this consultation.

I also understand other individuals may need to use the Healthie telehealth platform and that they will take reasonable steps to maintain confidentiality of the information obtained. I have read this document and understand the risk and benefits of the telehealth consultation and have had my questions regarding the procedure explained and I hereby consent to participate in telehealth sessions under the conditions described in this document.

I hereby agree to the document above.

Name*

First Name:

Last Name:

Parent/Guardian Name (if client is under 18)

Signature*

(This will require your client's signature)

Date*