

Telehealth Consent:

Telehealth/Telemedicine involves the use of electronic communications to enable health care providers at different locations to share individual patient medical information for the purpose of improving patient care. The information may be used for diagnosis, therapy, follow-up and/or education. Telehealth/Telemedicine requires transmission, via Internet or tele-communication device, of health information, which may include:

- Progress reports, assessments, or other intervention-related documents
- Bio-physiological data transmitted electronically
- Videos, pictures, text messages, audio and any digital form of data.

I acknowledge that I understand that the laws that protect the privacy and confidentiality of health and care information also apply to telehealth/telemedicine. Information obtained during telehealth sessions that identifies me will not be given to anyone without my consent except for the purposes of treatment, education, billing and healthcare operations. As with any Internet-based communication, I understand that there is a risk of security breach.

To the extent I decide with my provider to obtain treatment via telehealth methods, I consent to treatment involving the use of electronic communications to enable health care providers at different locations to share my individual patient medical information for diagnosis, therapy, follow-up, and/or education purposes. I consent to forwarding my information to a third party as needed to receive telehealth services, and I understand that existing confidentiality protections apply. I acknowledge that while telehealth can be used to provide improved access to medical care, as with any medical procedure, there are potential risks and no results can be guaranteed or assured. These risks include, but are not limited to: technical problems with the information transmission; equipment failures that could result in lost information or delays in treatment. I understand that I have a right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future treatment and without risking the loss or withdrawal of any program benefits to which I would otherwise be entitled. By signing below, you understand and agree to our Informed Consent for Telehealth, which is available to you on our website, oncall-peds.com, or by email request to info@oncall-peds.com

Consent will be considered valid unless it is voided by one of the involved parties.

Patients' Name

Guardian Name

Signature

Date

E-Mail Address