



**Roseman Medical Group EMPOWERED Program
Telehealth Acknowledgement and Waiver**

Telehealth services, or “virtual visits,” are consultations with one of our healthcare practitioners (such as doctors, nurse practitioners, or therapists) via video conferencing. This option is convenient and allows you to be seen without coming into our office.

Telehealth services are not suitable for all conditions. We may not be able to evaluate conditions that may present physically directly through the telehealth platform. After a telehealth visit, you may be asked to come for an in-person visit if your practitioner determines that you cannot be adequately assessed or treated via a telehealth visit.

Appointments for telehealth visits can be made through [_____].

We are providing video conferencing through nAble, our electronic medical record, which has a video conferencing platform that is compliant with the information provided in the Roseman Medical Group EMPOWERED program Notice of Privacy Practices.

Telehealth Patient Consent Form

I _____ agree to receive this health care service.

I understand that based on the information I have given to my provider, he or she has determined that a telehealth visit is appropriate and will happen by using the nAble platform. This consent is valid until I provide notice that I am revoking this consent.

I also understand that:

- I can decline the telehealth service at any time without affecting my right to future care or treatment, and any program benefits to which I would otherwise be entitled cannot be taken away as a result of my decision not to use the telehealth service.
- It is my responsibility to be in a private place while attending the telehealth visit if I wish to maintain the confidentiality of information communicated between me and my telehealth provider.
- I understand that some conditions may be more difficult to discover or assess in a digital environment.
- I may have to travel to see a health care practitioner in-person if I decline the telehealth service.
- I may have to travel to see a health care practitioner in-person if my provider determines that an in-person visit is required to evaluate or treat me.
- If I decline the telehealth service, the other options/alternatives available for me, including in-person services, are available in the practice’s office.

- The same confidentially protections that apply to my other medical care also apply to the telehealth service.
- I will have access to all medical information resulting from the telehealth service as provided by law.
- The information from the telehealth service (images that can be identified as mine or other medical information from the telehealth service) cannot be released to anyone else without my additional written consent in accordance with the Roseman Medical Group EMPOWERED program Notice of Privacy Practices.
- I will be informed of all people who will be present in the room with my provider during my telehealth service.
- I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes.
- Given the digital environment, in very rare instances, security protocols could fail, causing a breach of privacy of personal health information.

I have read this document carefully, and my questions have been answered to my satisfaction.

Signature of Patient or Patient Guardian

Date

Patient name/DOB: