



Telehealth Informed Consent

Effective Date: 1 January 2026

Telehealth involves the delivery of healthcare services using electronic communication technologies, including video, phone, or other digital platforms.

By participating in telehealth services with Beacon Health, you acknowledge and agree to the following:

1. Nature of Telehealth Services

Telehealth may include:

- Medical consultation
- Review of symptoms
- Discussion of medical history
- Review of laboratory or imaging results
- Treatment recommendations
- Care coordination

Telehealth may be conducted via secure video platforms, telephone, or other electronic communication methods.

2. Potential Benefits

Telehealth may provide:

- Increased access to care
- Convenience
- Reduced travel time
- Timely medical guidance

3. Limitations & Risks

You understand and acknowledge that:

- Telehealth may not be appropriate for all medical conditions.
- A physical examination may be limited or not possible.
- Technology failures (internet, audio, video disruptions) may occur.
- Electronic communication carries inherent privacy risks despite reasonable safeguards.
- Miscommunication may occur due to technological limitations.

Beacon Health reserves the right to determine whether a condition requires in-person evaluation, referral, or emergency care.

4. No Emergency Care

Telehealth services are not intended for emergency situations.

If you are experiencing a medical emergency, chest pain, difficulty breathing, severe injury, or any urgent condition, call local emergency services immediately or go to the nearest emergency facility.

5. Confidentiality

Reasonable measures are taken to protect the privacy of telehealth communications.

However, you acknowledge that no electronic system can guarantee absolute confidentiality.



6. Electronic Communication

Telehealth and related communication may occur through:

- Secure video platforms
- Telephone
- Email
- WhatsApp (for administrative or consented communication)

You consent to the use of these communication methods and understand the associated privacy considerations.

7. Prescriptions & Referrals

Where clinically appropriate, prescriptions and referrals may be provided following telehealth evaluation.

Certain medications or conditions may require in-person examination before treatment.

8. Voluntary Participation

Participation in telehealth is voluntary.

You may:

- Withdraw consent at any time prior to or during a session.
- Request in-person evaluation when clinically appropriate.

9. Financial Responsibility

Telehealth services are provided on a direct-pay basis.

By scheduling a telehealth visit, you acknowledge:

- Payment is required in advance.
- Cancellation and refund policies apply as outlined in the Refund & Membership Policy.

10. Consent Acknowledgment

By proceeding with telehealth services, you confirm that:

- You have read and understood this Telehealth Consent.
- You have had the opportunity to ask questions.
- You voluntarily consent to receive medical care via telehealth.
- You understand the limitations and risks described above.

Patient Name: _____

Signature _____

Date: _____