



Desert Star Healthcare

INFORMED CONSENT FOR TELEHEALTH SERVICES

Telehealth involves the use of electronic communications to enable health care providers at a different location from the patient to conduct a patient visit that requires only limited physical assessments or testing. Information is shared via live two-way audio and/or video. In some cases, patient medical records, labs result forms, and medical images may also be shared between the patient and the provider.

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption. There is NO recording of any video or audio portions of the visit.

EXPECTED BENEFITS

- Improved access to healthcare by enabling a patient to remain in his/her home (or other private location) while the provider remains in his/her office (or other private location).
- Less exposure to potentially sick individuals.
- Reduced travel risks and costs.

POSSIBLE RISKS

As with any healthcare encounter, there are potential risks associated with the use of telehealth. These risks include, but may not be limited to:

- People nearby over-hearing your conversation. Please be sure you are somewhere private to conduct the televisit. The provider will always be in a private area.
- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate decision making by the provider.
- Delays in evaluation and treatment could occur due to deficiencies or failures of the equipment.
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.
- The need for an in-person visit, resulting in another visit charge.

FINANCIAL INFORMATION

The cost of a televisit is the same as for a similar in-person visit. Exact cost will depend on your insurance and the level of complexity or length of the visit. Desert Star Healthcare does not charge any extra for the use of telehealth. You are responsible for any payments, deductibles, or co-pays per our standard financial policies.

BY SIGNING THIS FORM, I ATTEST TO AND UNDERSTAND THE FOLLOWING:



Desert Star Healthcare

1. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth, and that no information obtained in the use of telehealth which identifies me will be disclosed to other entities without my consent,
2. I understand that I have the 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 care or treatment,
3. I understand that alternative methods of care may be available to me, and that I may choose one or more of these at any time. Desert Star Healthcare has explained the alternatives to my satisfaction,
4. I understand that telehealth may involve electronic communication of my personal medical information to other medical practitioners who may be located in other areas, including out of state, in the event additional consultations are needed.
5. I understand that I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.

PATIENT CONSENT TO THE USE OF TELEHEALTH

I have read and understand the information provided above regarding telehealth, have discussed it with my provider or assistants as may be designated, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telehealth in my care.

I understand a copy of this form will be available for me to print.

I hereby authorize Desert Star Healthcare to use telehealth in the course of my diagnosis and treatment.

Patient's Signature

Date