



To ensure each patient seeking telehealth services understands what telehealth is, the benefit, and possible risk associated with it are disclosed.

NOTCH staff will ask you if you have had the opportunity to review this Telehealth Informed Consent and are verbally consenting for telehealth treatment.

Verbal consent for each telehealth episode is obtained and documented in the electronic medical record.

What is Telehealth?

Telehealth is a virtual consult between you, the patient and a licensed medical provider via telephone or video.

Telehealth is provided through a secure function of NOTCH's electronic medical record. It involves the delivery of healthcare services using electronic communications, information technology or other means between a healthcare provider and a patient who are not in the same physical location. Telehealth may be used for diagnosis, treatment, follow-up and/or patient education, and may include, but is not limited to, one or more of the following:

- Electronic transmission of medical records, photo images, personal health information or other data between a patient and a healthcare provider
- Interactions between a patient and healthcare provider via audio, video and/or data communications
- Use of output data from medical devices, sound and video files

The electronic systems used in the telehealth service will incorporate network and security protocols to protect the privacy and security of your information and will include measures to safeguard data to ensure its integrity against intentional or unintentional corruption.

Anticipated Benefits

The use of telehealth service may have the following possible benefits:

- Making it easier and more efficient for you to access medical care and treatment for acute and chronic conditions
- Allowing you to obtain medical care and treatment by a licensed provider in the comfort of your home

Possible Risks

While the use of telehealth can provide potential benefits for you, there are also potential risks associated with the use of telehealth. These risks include, but may not be limited to the following:

- The information transmitted to the provider may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the provider
- The inability of the provider to conduct certain tests or assess vital signs in-person may in some cases prevent the provider from providing a diagnosis or treatment or from identifying the need for emergency medical care or treatment for you
- The provider may not be able to provide medical treatment for your particular condition and you may be required to seek alternative healthcare or emergency care services



- Delays in medical evaluation/treatment could occur due to failures of the technology or electronic equipment used
- The electronic systems or other security protocols or safeguards used could fail, causing a breach of privacy of your medical or other information
- Given regulatory requirements, the provider diagnosis and/or treatment options, especially pertaining to certain prescriptions, may be limited

Acceptance

1. All medical care and treatment you receive from the provider will be provided using telehealth. This may include photographs and/or other images you submit through the telehealth system.
2. No potential benefits from the use of telehealth or specific results can be guaranteed. Your condition may not be cured or improved and, in some cases, may get worse.
3. You understand that it is your duty to provide the provider truthful, accurate and complete information, including all relevant information regarding care that you may have received or may be receiving from other healthcare providers outside of the NOTCH.
4. You understand that each of your Provider(s) may determine in their or sole discretion that your condition is not suitable for diagnosis and/or treatment using the telehealth service, and you may need to seek in-person medical care and treatment.
5. For those healthcare providers who accept assignment, I hereby authorize any insurance carrier with whom I have a policy to pay directly to that provider any benefits of any policies of insurance to those healthcare providers who have rendered services to me and who accept such assignment. I agree to pay all charges that are not paid in full by assigned insurance.

I hereby give my oral consent to Richford Health Center, Inc. dba Northern Tier Center for Health (NOTCH) to provide a medical consult via telehealth.