

Consent for Telehealth Session

1. I understand that Terry Plante LAc RPh has offered to provide Telehealth session via Apple FaceTime, Zoom or Phone.
2. I authorize Terry Plante LAc RPh to allow us to meet via Phone, Apple FaceTime or a secure online Zoom videoconference service platform. I am aware that there may be additional charges from my internet provider.
3. Terry Plante LAc RPh has explained to me how the video conferencing technology that will be used will not be the same as a direct client session due to the fact that I will not be in the same room as my provider.
4. I understand that a telehealth session has potential benefits including easier access to care, continuity of care, and the convenience of meeting from a location of my choosing.
5. I understand that if I elect to have a face to face (call) session using Zoom or Apple Facetime, that these technologies are not HIPAA-compliant. I understand there are potential risks to this technology, including interruptions, unauthorized access, and technical difficulties, which cannot be predicted. I understand that my health care provider or I can discontinue the telehealth session if it is felt that the videoconferencing connections are not adequate for the situation. If I do not wish to waive this compliance, the telehealth session will be made with a regular voice phone call.
6. I understand that the telehealth session will not be audio or video recorded at any time, and that we will both disable computer and device-generated recording to the best of our abilities.
7. I understand that it is important to connect from a quiet room, without interruptions, where my privacy is guaranteed.
8. I understand that the limitations to confidentiality outlined in our original Patient Agreement, apply to the videoconferencing format.
9. I agree to pay Terry Plante LAc RPh at the time of service via Venmo or credit card.
10. My consent to participate in this telehealth service shall remain in effect for the time period we agree upon, 1 year from today, which we can modify, or until I revoke my consent in writing.
11. I agree that there have been no guarantees or assurances made about the results of this service.
12. I had the opportunity to ask Terry Plante LAc RPh questions in regard to this procedure. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in language which I understand. I confirm that I have read and fully understand the above.

Name (printed): _____ Date: _____

Signature: _____ Patient's cell phone: _____

Patient's preference method for telehealth sessions: _____

Disclaimer: This information does not represent legal advice and should not be relied upon as such. The field of Telehealth is constantly evolving. This template is designed to be modified over time and in accordance with the needs of your particular practice.