

Member Name: _____		Date of Birth: ___/___/___
Member Location: _____		Home: _____
Provider (PT/OT) Name: _____		Insurance: _____
Date Consent Discussed: ___/___/___	Referring Physician: _____	
Emergency contact for during appointments (Name, #): _____		

Informed Member Consent For Telehealth Services

Introduction: Telehealth is the delivery of healthcare services using technology when the healthcare provider and member are not in the same physical location. Providers may include primary care practitioners, specialists, and/or subspecialists.

Electronically transmitted information may be used for diagnosis, treatment, follow-up, and/or member education, and may include any of the following:

- Medical records;
- Medical images;
- Interactive audio, video, and/or data communications; and/or
- Output data from medical devices, sound and video files.

Potential Member Benefits:

1. Improving access to specialized medical care by enabling members to remain within home or other originating site not physically inside healthcare provider’s office to electronically discuss health diagnoses and impairments with a distant specialist (i.e. physical therapist or occupational therapist)
2. Obtaining the expertise of a distant specialist.

Potential Member Risks: As with any medical procedure, there may be potential risks associated with the use of telehealth. These risks include, but may not be limited to:

1. Distant specialist may not be able to provide medical treatment using telehealth equipment nor provide for or arrange for any emergency care that may be required.
2. Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.
3. Security protocols could fail, causing a breach of privacy of confidential medical information.
4. A lack of access to complete medical records may result in errors.

Informed Consent for Telehealth/e-visits provided by ProMotion Rehab and Sports Medicine via Anywhere Healthcare.

By signing this form, the Member understands and agrees to the following:

1. The laws that protect the privacy and confidentiality of medical information also apply to telehealth. Information obtained during a telehealth encounter, which identifies member, should not be disclosed to any third party without member’s consent except for the purposes of treatment, payment, and healthcare operations.

2. Telehealth may involve electronic communication of member confidential medical information to other medical providers who may be located in other areas, including out-of-state.
3. Member understands that other individuals other than physician on duty and the distant specialist may also be present and have access to member’s medical information during the consultation in order to operate the video equipment, should such equipment be utilized.
4. Member has the right to withhold or withdraw consent to the use of telehealth during the course of member care at any time. Member understands that withdrawing consent will not affect any future care or treatment, nor will it subject member to the risk of loss or withdrawal of any health benefits to which the member is entitled.
5. Member has the right to inspect all information obtained and recorded during the course of a telehealth interaction, and may receive copies of this information for a reasonable fee. Such inspection and copying of records shall be subject to physician on duty or distant specialist’s office policies and procedures.
6. Member may expect the anticipated benefits from the use of telehealth in member’s care, but that no results can be guaranteed. The member’s condition may not be cured or improved, and in some cases, may get worse.
7. Member understands that the member’s condition may require a referral to a specialist for further evaluation and treatment.
8. A variety of alternative methods of medical care may be available to member, and the member may choose one or more of these at any time.

The treating provider has explained the alternative care methods to the member’s satisfaction.

The member has read and understands the information provided above regarding telehealth, has discussed it with the treating provider, and all questions have been answered to member’s satisfaction.

The member hereby gives their informed consent for the use of telehealth in their medical care.

I hereby consent to and authorize _____ (name of healthcare provider on duty) to use telehealth in the course of my diagnosis and treatment.

Signature of Member (or person authorized to sign for Member): _____

Date: If authorized signer, relationship to Member Witness: _____

Date: Signature of Provider on duty _____ Date: __ / __ / __

I have been offered a copy of this consent form (member’s initials) _____