Wellspring
BEHAVIORAL HEALTH

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Authorization and Consent to Participate in Telehealth Communication

Purpose and Benefits. The purpose of this telehealth communication is to enable patients living in rural and/or underserved areas to get medical care by specialists without the inconvenience and expense of traveling to a city or when face to face appointments are not available.

Medical Information and Records. All existing laws regarding your access to medical information and copies of your medical records apply to this telehealth communication. Additionally, dissemination of any patient-identifiable images or information from this telehealth interaction to researchers or other entities shall not occur without your consent, unless authorized under existing confidentiality laws.

Confidentiality. Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telehealth communication. All existing confidentiality protections under federal and Nebraska State law apply to information disclosed during this telehealth communication.

Risks and Consequences. The telehealth communication will be similar to a routine office appointment visit, except interactive video technology will allow you to communicate with your provider at a distance. At first you may find it difficult or uncomfortable to communicate using video images. The use of video technology to deliver healthcare and educational services is a new technology and may not be equivalent to direct patient to provider contact. Following the telehealth communication your provider may recommend a visit to the nearest hospital should an emergency occur.

Rights. You may withhold or withdraw consent to the telehealth communication at any time without affecting your right of future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled. You have the option to consult with the provider in person if you travel to his or her location.

Financial Agreement. This telehealth communication will be paid for by your insurance if this is a covered service. Eligibility should be determined prior to the telehealth communication to prevent you from being charged for the service.

I have been advised of all the potential risks, consequences and benefits of telehealth communication. My health care provider has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I understand the written information provided above.

Patient/Guardian Signature: _____

Printed Name: _____ **Date:** _____