



Telehealth Informed Consent

Telehealth (also called telemedicine) is a way to visit with your provider without going to a hospital or clinic. These visits are held by computer, tablet or telephone.

This form gives permission for telehealth communication between Dr. Deborah Negusse and The above-named patient.

I understand that telehealth involves sharing my medical/mental health information electronically. I will tell my provider if there is any information that I do not want to talk about in a telehealth visit.

I understand that I may stop the telehealth visit at any time. If I decide to stop, I will still be able to have medical care at the office.

I understand that I may have to check with my health insurance plan to see if telehealth visits are covered.

I understand that telehealth visits carry some level of risk. These risks include but are not limited to:

-My computer, tablet or phone may not be private and secure, especially if other people use it. It is my responsibility to make sure my internet system is private and secure and to make sure I am in a private place during the call.

-Technical problems may interrupt or stop the visit before it is done.

-My healthcare provider cannot examine me as closely during a telehealth visit, and this may make it harder to determine what is wrong with me.

I agree that information shared during my telehealth visit will be kept by the healthcare providers and facilities involved in my care.

I understand that the telehealth visit will not be recorded.

I understand that I will be asked to confirm the identity and credentials of the healthcare provider who will be seeing me

I agree to follow my healthcare providers' recommendation's including lab tests and x-rays, sending me to a specialist, or asking me to come to the office or go to an emergency department for an in person visit.

By signing below, I agree that we talked about the information on this form, my questions have been answered, and I want to have a telehealth visit.

Patient Signature