

Informed Consent for Telemedicine Services

- I understand that telemedicine is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to Hoskinson Health and Wellness Clinic providing health care services to me via telemedicine.
- I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine. As always, your insurance carrier will have access to your medical records for quality review/audit.
- I understand that I will be responsible for any copayments or coinsurance that apply to my telemedicine visit.
- I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting Hoskinson Health and Wellness Clinic.
- I further understand that there are risks unique and specific to telemedicine, including but not limited to, the possibility that our therapy sessions or other communication by the provider could be disrupted or distorted by technical failures. In addition, I understand that telemedicine treatment is different from in-person therapy and that if my provider believes I could be better served by another form of psychotherapeutic services, such as in-person treatment, I will be referred to another provider in my geographic area that can provide such services.

I have read and understand the information provided above. I have the right to discuss any of this information with my provider and to have any questions I may have regarding my treatment answered to my satisfaction.

Signature of Patient or Parent/Legal Guardian