24 HR Lifeline MD 12640 Twelve Mile Rd, Warren, MI 48093 Office 586-751-2020 Fax 586-745-1756

Telehealth Consent Form

For convenience of accessing care, 24 HR Lifeline MD, offers remote telehealth consultations between patients and clinicians via a secure video platform. Additionally, your healthcare provider may consult with other providers or specialists remotely about your care via video or phone. Please carefully review this form and indicate your acceptance below.

Potential benefits of telehealth include:

- Convenience in accessing your providers from your home or another location.
- Protection against the transmission of communicable illnesses between yourself and other patients and clinic staff.
- Improvements to the quality of care when your clinician can consult with other providers as needed.

Inherent in the use of telehealth are technological risks of disruption to the call or video connection and other technical difficulties. You or the provider may discontinue the telehealth consultation if either of you determine that technical difficulties are too disruptive to continue.

We take strong precautions to safeguard the privacy of your protected health information (PHI), including using only HIPAA-compliant platforms for telehealth. Nevertheless, there is an unavoidable risk of unauthorized access when sending/receiving PHI electronically (for example, via a video feed). You are solely responsible for ensuring privacy and confidentiality on your side - by conducting the visit in a private space where others cannot overhear and cannot see private information on the screen. We do not record (voice or video) telehealth consultations, but the health care provider will retain a medical record of care in their secure electronic health records system.

Some visits - specifically, those that require the clinician to be physically present with you - are not suitable for telehealth. Your provider may ask that you schedule an in-person visit for any issues that require in-person evaluation or treatment. Telehealth is not a substitute for emergency care. If you need urgent care, call 911 or go to the nearest urgent care facility.

You are responsible for the cost of your telehealth consultation. If you are seeking insurance payment or reimbursement for the visit, note that insurance companies may require that you participate in the telehealth consultation from a hospital, a mental health facility, a physician's office, an adult care facility, or your home.

Patient Consent To The Use of Telehealth

- I have read this form or had it read and explained to me in full. I fully understand its contents, including the risks, benefits, and alternatives.
- I have been given opportunity to ask questions and any questions have been answered to my satisfaction.

I hereby give my informed consent to the use of telehealth in the course of my diagnosis and treatment.

В	y signing	below, I	l acknow	ledge	and	agree:
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Potiont Name (Print)	Patient Signature	Date
Patient Name (Print)	rationt Signature	Date