

WASHINGTON MEDICAL GROUP, P.C.

INFORMED CONSENT FOR TELEHEALTH

Patient Name: _____

INTRODUCTION

Telehealth involves the real-time evaluation, diagnosis, consultation on, and treatment of a health condition using advanced telecommunications technology, which may include the use of interactive audio, video, or other electronic media. As such, telehealth allows the provider to see and communicate with the patient in real-time. Communication may include any of the following: patient medical records, medical images, live two-way audio and video, and output data from medical devices and sound and video files. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

POSSIBLE RISKS

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

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the physician and consultant(s);
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment;
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information;

BENEFITS

- Telehealth provides access to medical care that otherwise would not have been available.
- Improved access to medical care by enabling a patient to remain in his/her home, office, or any remote site.

PAYMENT FOR TELEHEALTH SERVICES

Washington Medical Group will bill insurance for telehealth services when these services have been determined to be covered by an individual's insurance plan. In the event that insurance does not cover telehealth, the individual must pay out-of-pocket. The fee for an out of pocket telehealth appointment for an established patient is \$200 per telehealth session.

CANCELED APPOINTMENTS

If it is necessary to cancel a telehealth appointment, no charge will be made if you provide **Washington Medical Group** notice within 48 business hours. The advanced payment will be credited to your account and must be used within the same calendar year. If cancellation does not occur within the above grace period, you will be charged the full fee for holding the appointment regardless of the reason for the cancellation. The provider will attempt contact you at the number provided at the time and date of your appointment. If you do not answer the initial call the provider will attempt to contact you two additional times within a period of 15 minutes following the scheduled time for your telehealth appointment. If the following calls are not answered you will be charged for a missed appointment.

ACKNOWLEDGEMENT OF CLIENT SERVICE AGREEMENT

I have read and understand the information provided above; I agree to the terms laid out in the **Washington Medical Group** Financial Responsibility Agreement. I understand that **Washington Medical Group, P.C.** is not responsible for knowing my insurance benefit plan. I am responsible for reviewing and understanding my insurance benefits information for telehealth. My signature below indicates that I have read the information in this document and agree to abide by its terms.

Date: _____

Signature of patient / parent / guardian

Print Name

