Consent Form for Televisits

Paul R. Ehrmann, D.O.

Family Health Care Center

*Please note:*

*We will bill your insurance for this visit. Most insurances are now covering Televisits*

*It is our understanding that you may be responsible for up to $20.00 of the visit if it is not covered fully.*

*You should check your benefit coverage before you engage with Televisit*

*You can pay for this televist if needed online utilizing your 16 digit statement code by clicking* <https://portal.kareo.com/code>

*Please read very carefully before signing*

**When not to use a Televisit**

* Altered Mental Status
* Chest pain
* Choking
* Electrical shock
* Head and eye injury or other major trauma
* Loss of consciousness
* Poisoning
* Pregnancy related problems
* Seizures
* Severe Abdominal pain
* Shortness of breath

Please note: No Controlled drugs (narcotics, or sedative/hypnotics or meds for ADD can be RX by televisit)

*If you do not have any of the above issues, please continue……*

*CONSENT FORM*

I would like to engage in a HIPPA compliant telemedicine consultation with my health care provider (hcp) above utilizing video and audio conferencing electronic tools.

1.I agree to read all the attachments that my hcp will send me ahead of the Televisit.

2. My HCP (health care provider) has explained to me that this consultation will not be the same as a direct in office and will be billed to your insurance.

3.I understand there are potential risks to this technology, including interruptions and technical difficulties. I understand that my hcp or myself can discontinue the telemedicine consult/visit if it is felt that the videoconferencing connections are not adequate for the situation. If this is the case and mutually agreed upon, your visit will not be charged.

4.I understand that my healthcare information may be shared with other individuals but only for scheduling and billing purposes and only with my consent. The above mentioned people will all maintain confidentiality of the information obtained.

5.Along with this consent, I agree to preschedule the telemedicine appointment via your patient portal or regular gmail at ehrmann.paul@gmail.com for both hcp’s listed above (see quick start document for more information)

6. Ahead of the Televisit, I understand that during the registration process..I will have the following three pieces of medical equipment available

-blood pressure cuff

-thermometer and

-flashlight (optional)

-tongue blade or equivalent

7. I agree to put any confidential detailed medical information only on the patient portal ONLY.

8.I agree to take a 5 question that you will receive the link at the conclusion of the Televisit .

 <https://surveynuts.com/surveys/take?id=161060&c=1885046257FPLD>

I have read this document carefully, and understand the risks and benefits of the teleconferencing consultation and have had my questions regarding the procedure explained. I hereby consent to participate in this televisit within the terms described and agree to execute below **BEFORE** the Televisit takes place by attaching and sending this signed and dated consent form to the unsecure gmail listed below or you can turn in at the office. If you have any questions or concerns ahead of executing, please let us know.

If after signing of this form below you do not keep your appointment, there will be a $25.00 cancellation fee debited to your office account

**WHEN COMPLETE PLEASE CUT AND PASTE AND SUBMIT TO EHRMANN.PAUL@GMAIL.COM WITH YOUR NAME AND DATE OR CAN TURN IN THE OFFICE. REQUIRED FOR EACH TELEVISIT**

**Print/Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please note for best performance:**

1. Laptop is best vs Smartphone
2. Minimum download/upload speed 50/10…(can check via www.speedtest.net)
3. Windows 10 operating system or any apple product
4. You will elect Televisit HIPPA compliant options
5. Doximetry which can be activated by Dr. Paul sending you hyperiinked text message at the time of your appointment or through our electronic record , Eclinical works which can be accessed through Healow via your patient portal via your smartphone or any other device (please make sure you have the app through your app store first).

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