

TELEHEALTH CONSENT FORM

TELEHEALTH Consent Form

I understand that telehealth 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 The Women's Group of Northwestern in providing health care services to me via telehealth.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth.

I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider or I can discontinue the telehealth consult/visit if it is felt that the videoconferencing connections are not adequate for the situation.

I understand that I will be responsible for any copayments or coinsurances that apply to my telehealth visit.

I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent in writing at any time by contacting The Women's Group of Northwestern by letter or via our patient portal. As long as this consent is in force (has not been revoked) The Women's Group of Northwestern may provide health care services to me via telehealth without the need for me to sign another consent form.

Patient Signature

Date