Informed Consent for Telehealth Services

Definition of Telehealth

Telehealth involves the use of electronic communications to enable Tejas Health Care health professionals to connect with individuals using interactive video and audio communications.

Telehealth includes the practice of health care delivery, diagnosis, consultation, treatment, referral to resources, education, and the transfer of medical and clinical data.

I understand that I have the rights with respect to telehealth:

1. The laws that protect the confidentiality of my personal information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my telehealth session/visit is generally confidential. I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to other entities shall not occur without my written consent.

2. 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.

3. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of the practitioner, that: the transmission of my personal information could be disrupted or distorted by technical failures, the transmission of my personal information could be interrupted by unauthorized persons, and/or the electronic storage of my personal information could be unintentionally lost or accessed by unauthorized persons. I also understand that at my request or at the direction of my practitioner, I may be directed to a “face-to face” visit.

4. By signing this document, I agree that certain situations, including emergencies and/or crisis, are inappropriate for audio-/video-/computer-based services. I should immediately call 9-1-1 for a medical emergency or Bluebonnet Trails Community Services Hotline (800) 841-1255 for a mental health crisis.

5. Payment for Telehealth Services. Tejas Health Care will bill insurance for telehealth services if applicable. In the event that insurance does not cover telehealth, or when there is no insurance coverage, you will be responsible for payment. Tejas has a sliding fee discount for those who qualify.

Patient Consent to the Use of Telehealth I have read and understand the information provided above regarding telehealth.

I have read this document carefully and understand the risks and benefits related to the use of telehealth services and have had my questions regarding the procedure explained. I hereby give my informed consent to participate in the use of telehealth services for treatment under the terms described herein.

By my signature below, I hereby state that I have read, understood, and agree to the terms of this document.

_____ _____

Print Patient Name Patient Date of Birth

_____ _____

Patient or Guardian Signature Date

SUBMIT