

**CONSENT TOTELEHEALTH VISIT**

**1. Purpose**

The purpose of this form is to get your consent for a telehealth visit with a dermatologist or physician assistant (P.A.) with Skin and Cancer Associates. The purpose of this visit is to help in the care of your skin problem.

**2. How Telehealth works**

In a telehealth visit, you will interact in real time with your dermatologist or dermatology physician's assistant via a secure, online videoconferencing. Alternatively, the dermatologist or dermatology P.A. may give you the option of submitting a photo and chief complaint via secured electronic messaging. Your dermatologist has the right to discontinue or not provide a consult via videoconferencing or secure electronic messaging should the videoconference connection or the forwarded image be of poor quality. You may be required to make an in-person appointment for further evaluation. The healthcare provider will look at the patient's skin during a videoconference or review the photos you submitted. The health care provider will then give you advice about your dermatologic condition and how to treat and take care of your condition. The information from the healthcare provider will not be the same as a face-to-face visit because the dermatologist is not in the same room.

**3. Pros, Cons and Your Options**

With telehealth, a healthcare provider will advise you based on viewing your condition during a videoconference or based on the photos that were submitted electronically. Sometimes a face-to-face follow up with the healthcare provider may still be needed for further evaluation, and even procedures. If you do not come into the office for an in-person visit, the healthcare provider advice will be solely based on the viewing your skin condition during a videoconference or on the information and images provided by you electronically. In the absence of an in-person physical evaluation, the healthcare provider may not be aware of certain facts that may limit or affect his or her assessment or diagnosis of your condition and recommended treatment. It is possible that there will be errors or deficiencies in the transmission of the images of your skin condition during the videoconference or in the photos submitted electronically that may impede the healthcare provider's ability to advise you about your condition. Also, very rarely, security measures can fail to protect your personal information, but the company that is providing the technology for your visit has extensive security measures in place to prevent such failures from happening.

**4. Presence of Others During Telehealth visit**

People other than your doctor or physician's assistant may be a part of the patient's care and present during a telehealth visit. These people may be a resident doctor, medical student, medical assistant, scribe or nurse. Anyone that is part of the telehealth team will be supervised by the dermatologist and the final recommendations about your care will come from the healthcare provider. Also, non-medical people may help to set up the telehealth equipment. You may ask for persons other than your healthcare provider to leave the room if you are uncomfortable having them participate in your telehealth visit.

**5. Medical Information and Records and Privacy**

All federal and states laws covering access to your medical records (and copies of medical records) also apply to telehealth. No one other than the health care team described above can view your photos or information unless you agree to give them access.

**6. Privacy**

All information given at your telehealth visit will be maintained by the doctors, other health care providers, and health care facilities involved in your care and will be protected by federal and state privacy laws.

**7. Your Rights**

You may opt out of telehealth visit at any time. This will not change your right to future care or health benefits.

**8. Fees**

**Medicare:** Medicare will be billed directly as President Trump has allowed this.

**Commercial and all other health insurance plans:** Due to the rapidly evolving reimbursement guidelines during the Covid-19 outbreak, only certain insurance companies have stated they are covering Telehealth. As insurance companies do NOT guarantee payment when we verify benefits, **you understand that you are responsible for Telehealth charges, which will be submitted to your insurance company.** If your insurance company does not cover the charges, you will be responsible. Co-pays and deductible are due at the time service is rendered.

**9. Waiver/Release**

By signing below, you understand and agree that you solely assume the risk of any errors or deficiencies in the electronic transmission of information during your telehealth visit or in the electronic submission of your images to your health care provider and further understand that no warranty of guarantee has been made to you concerning any particular result related to your condition or diagnosis. To the extent permitted by law, you also agree to waive and release your dermatologist, physician's assistant, and skin and cancer associates from any claims you may have about this advice or the telehealth visit.

I have read and had the chance to ask questions and all my questions have been answered. I have read this form, understand the risks and benefits of the telehealth visit, and agree to telehealth visit.

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Patient or Parent Signature: \_\_\_\_\_