



## Consent for Telehealth Services

Please indicate your approval and understanding before starting your telehealth visit with a Fort HealthCare provider.

I ACKNOWLEDGE THAT FORT HEALTHCARE'S TELEHEALTH SERVICES ARE NOT DESIGNED OR INTENDED OR APPROPRIATE TO ADDRESS SERIOUS, EMERGENCY, OR LIFE-THREATENING MEDICAL CONDITIONS AND SHOULD NOT BE USED IN THOSE CIRCUMSTANCES.

I acknowledge that I will answer questions truthfully and that if I do not understand a question, I will stop using Fort HealthCare's telehealth services.

I acknowledge that I am a resident of AND located in the State of Wisconsin at the time I start using Fort HealthCare's telehealth services.

I understand and acknowledge that Fort HealthCare's telehealth services will establish a clinician-patient relationship and that my visit information will result in the creation of a medical record in Fort HealthCare's Electronic Medical Record system.

I acknowledge that I have agreed to the Terms of Service and I understand the Notice of Privacy Practices <https://www.forthc.com/Epiphany/flexpage.aspx?ID=30>

### **Introduction**

Fort HealthCare's telehealth services involve the use of electronic communications to enable Fort HealthCare providers, or its contracted health care providers, located in Wisconsin to exchange health information with patients at distant locations for the purposes of enhancing and providing patient care.

The electronic communications may include live two-way audio and video, sound and video files and medical record documentation. You will likely be asked to answer several questions prior to being connected with a Fort HealthCare provider who will discuss your health concerns and answer questions. The information exchanged may be used for making diagnoses, recommending treatment and follow-up care, case management and other patient care activities.

Medical information exchanged using Fort HealthCare's telehealth services will be treated with the same privacy and confidentiality as an in-person interaction with a Fort HealthCare provider and documentation of such information will be made in an electronic health record maintained by Fort HealthCare.

You may access your medical record through Fort HealthCare's Patient Portal (*MyCompass*) at any time. For information about how Fort HealthCare may use your health information, and your rights, including your right to inspect and receive a copy of your medical record, refer to Fort HealthCare's Notice of Privacy Practices (<https://www.forthc.com/Epiphany/flexpage.aspx?ID=30>), or contact the Health Information Management Department at 920-568-5188.

### **Benefits and Risks**

Use of Fort HealthCare's telehealth services may improve access to and communication with providers, patients and other persons, as requested by you. Furthermore, you may experience broader access to providers, shorter wait times and reduced travel times and costs; although no particular benefits are guaranteed. As with any technology, there are potential risks. Such risks include unauthorized access, interruption of transmission and data or video integrity corruption. Furthermore, the practice of medicine is not an exact science and no guarantees can be made regarding diagnosis, treatment or outcomes.

### **Terms of Service**

1. I recognize that I have a health condition requiring medical care, diagnosis and/or treatment. I voluntarily consent to the medical care, diagnostic tests, and/or treatment ordered by my attending provider(s), and to such medical care, diagnostic tests, and/or treatment my attending provider(s) considers to be necessary. I understand the provider may consult with other providers such as radiologists, internists, pathologists, and other medical specialists, in undertaking my medical care and treatment. I understand that I may be released from the telehealth service before all of my medical problems are known or treated and that it is my responsibility to make arrangements for follow-up care.
2. I recognize that the practice of medicine and surgery is not an exact science and that diagnosis and treatment may involve risks of injury, or even death. I acknowledge that no guarantees have been made to me as to the result of examination or treatment during the telehealth visit.
3. I understand and agree that Fort HealthCare, its employees, agents and representatives are not responsible for the actions and/or omissions of the provider(s) who treat me while I am receiving telehealth services.
4. I understand and agree that Fort HealthCare, its employees, agents and representatives are not responsible for any injury and/or damage that occurs in carrying out instructions given by the provider(s) who treat me during the telehealth visit.
5. I understand in the event I should discontinue the telehealth visit, or be discharged from the telehealth visit at my request or demand, against or without the advice or consent of my provider(s) and of Fort HealthCare's administration, I release my provider(s) and Fort HealthCare from all responsibility from any ill effects, including sickness, disability or infirmity, which may result from such discharge, and I waive any and all claims based on such ill effects.



Consent for Telehealth Services (continued)



- 6. I have provided my correct health insurance data. I have provided all my health insurance data. Health insurance data can be: Medicare, Medicaid or other health insurance.
- 7. If I have Medicare, I confirm I have been asked questions about other health insurance coverage. If I have Medicare, I confirm I have been asked if I have been in an accident and if there is any other insurance coverage for that accident.
- 8. I authorize Fort HealthCare to give data from their records to my health insurance company(s). I authorize Fort HealthCare to give data from their records to an organization that will pay all or part of my bill. This will help Fort HealthCare get paid for the work they have done.
- 9. I understand that this consent will be valid and in effect for one year.
- 10. I authorize my health insurance to send payment to Fort HealthCare.
- 11. I will pay Fort HealthCare for charges my health insurance company(s) does not pay. If court action is needed for Fort HealthCare to get payment for this account, I will pay reasonable attorney and collection costs.

PATIENT MEDICAL PHOTOGRAPHY (Photographing, videotaping, imaging and audio recording a patient)

- 1. I hereby authorize Fort HealthCare to photograph, videotape, image capture or audio record me for the purpose of medical care and/or for education and training. Fort HealthCare will “de-identify” the health information so that the records neither identifies nor provides a reasonable basis to identify me.
- 2. All photographs and/or recording(s) remain the property of Fort HealthCare and will be stored in my legal medical record.
- 3. I have the right to revoke my consent before medical photographs are taken and/or used for any purpose.

This consent must be signed by:

- 1. The patient (adult or emancipated minor), or
- 2. A parent or legal guardian in the case of a minor, or
- 3. A legal guardian if the patient does not have the ability mentally or physically.

I have read the Consent for Telehealth Services, understand and agree to the terms and conditions.

\_\_\_\_\_ Date \_\_\_\_\_

Signature of patient

If the patient cannot sign the consent, please say why & sign below:

Patient is a minor

Other reason: \_\_\_\_\_

\_\_\_\_\_  
Signature of person authorized by law to provide consent

\_\_\_\_\_  
Legal Relation to Patient

\_\_\_\_\_  
Witness/Date

Original Policy Date: 4/2/2020			
Committee	Revised	Reviewed/No Change	Date