Women's Clinic of Johnson County

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Telehealth Informed Consent

The term "telehealth" refers to the technology-enhanced health care framework that includes services such as virtual visits, remote patient monitoring, and mobile health care. Evidence suggests that telehealth provides comparable health outcomes when compared with traditional methods of health care delivery without compromising the patient–physician relationship, and it also has been shown to enhance patient satisfaction and improve patient engagement.
This means that we are able to provide services through digital meetings similar to the popular communication system "Skype". While we do not specifically utilize skype for the provision of services, the method of delivery would be similar in nature. The doctor and patient would join a computer-based session at the designated appointment time. We term this "telehealth."

I _____, living in the state of _____ hereby consent to engage in telehealth with Women's Clinic of Johnson County. I understand that "telehealth" includes treatment using interactive audio, video, or data communications. I understand that telehealth also involves the communication of my medical information, both orally and visually. I understand the following with respect to telehealth: I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment. The laws that protect the confidentiality of my medical information also apply to telehealth. As such, I understand that the information disclosed by me during the course of my visit is confidential. I understand that there are risks and consequences from telehealth, including, but not limited to, the possibility, despite reasonable efforts on the part of physician, that: the transmission of my information could be disrupted or distorted by technical failures; the transmission of my information could be interrupted by unauthorized persons; and/or the electronic storage of my medical information could be accessed by unauthorized persons. Women's Clinic of Johnson County. currently uses Zoom to provide telehealth services. I understand that I am responsible for (1) providing the necessary computer, telecommunications equipment and internet access for my telehealth sessions, (2) the information security on my computer, and (3) arranging a location with sufficient lighting and privacy that is free from distractions or intrusions for my telehealth session. Telehealth has been determined as an appropriate service delivery model for this patient. Telehealth will only be used if determined to be at least as effective as in-person treatment. Telehealth may be used as the primary means of service delivery or may be used in combination with in-person services. I have read, understand and agree to the information provided above.

Patient Name (Printed)_____ Patient / Guardian

Signature_____ Date_____

Email to receive teletherapy link: _____

Telehealth Financial Policy

I understand that I will be financially responsible for the services that I receive via telehealth at the time of service. I understand that insurance may or may
not cover services and that I am responsible for the balance. I understand that I may be charged a flat fee of $40 if my insurance denies coverage all together.

Signature _____ Date _____