

Telehealth Consent

Patient Name (Printed): _____ **DOB:** _____

I have been offered the opportunity for a telehealth consult with a therapy provider at Alaska Hand Rehabilitation regarding my health needs. I will, through interactive video and/or phone connection, be able to consult with a therapist or assistant at Alaska Hand Rehabilitation regarding my condition, including possible diagnosis, treatment recommendations for home or in a clinic, and/or referrals to local hand therapists, hand surgery specialists, or other medical providers. This consultation may be in place of, or in addition to, in-person therapy services.

Alaska Hand Rehabilitation has explained to me how the telehealth technology will be used to do this consultation.

I understand there are potential risks with this technology:

1. The video connection may not work or that it may stop working during the consultation.
2. The video picture or information transmitted may not be clear enough to be useful for the consultation.
3. I may be advised to make an appointment for an in-person therapy visit at Alaska Hand Rehabilitation or with another local therapy or medical provider if it is felt that the information obtained via telehealth is not sufficient to make a diagnosis or complete therapy treatment.

The benefits of a telehealth consultation are:

1. Convenience: I may not need to travel to the therapy location.
2. I have access to a specialized therapist from my home, office, or other location that may not have otherwise been possible.

I give my consent to be interviewed by the therapist. I also understand other individuals may be present to assist with the video equipment and that they will take reasonable steps to maintain confidentiality of the information obtained. Photo or video recordings may be made during my visit to document my condition or facilitate care.

I understand that a limited physical examination can take place during the videoconference and that I have the right to ask my therapist to discontinue the conference at any time. It is possible that some parts of the exam could be conducted by individuals at my location at the direction of the consulting therapist.

Currently, telehealth consults are covered by many insurance providers. We strongly recommend that you contact your insurance company in advance to verify your telehealth benefits. If your plan does not cover telehealth, please contact our office so that arrangements can be made. I authorize the release of any relevant medical information about me to third party payers and other healthcare providers who may need this information to facilitate continuing care.

I hereby release Alaska Hand Rehabilitation, its personnel and any other person participating in my care from any and all liability which may arise from the taking and authorized use of such videotapes, digital recording films and photographs.

I have read this document and understand the risk and benefits of the telehealth consultation and have had my questions regarding the procedure explained and I consent to participate in a telehealth visit under the conditions described in this document.

PATIENT/REPRESENTATIVE SIGNATURE

DATE

RELATIONSHIP (IF OTHER THAN PATIENT)

The information provided is that of Alaska Hand Rehabilitation and does not constitute legal or business advice. Any person who takes or uses the information from this document must tailor the information to coincide with the user's own organizational needs. Alaska Hand Rehabilitation disclaims any and all liability of any kind that results from user's copying information from this document.