



## Consent to Telehealth Visit

1. **Purpose:** The purpose of this form is to get your consent for a telehealth visit with the dermatology providers at Saybrook Dermatology. 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 provider using videoconferencing technology. The provider will look at the patient's skin during a videoconference and review the photos you submitted. The provider will then give you advice about your dermatologic condition and how to treat and take care of your condition. The information from the provider will not be the same as a face-to-face visit because the provider is not in the same room. You may be required to make an in-person appointment for further evaluation. Your provider has the right to discontinue or not provide a consult should the videoconference connection or the forwarded image be of poor quality.
3. **Pros, Cons and Your Options:** With telehealth, a provider will advise you based on viewing your condition during a videoconference and based on the photos that were submitted electronically. Sometimes a face-to-face follow-up visit with the provider may still be needed. If you do not come into the office for an in-person visit, the provider's advice will be solely based on the viewing of your skin condition during a videoconference and on the information and images provided by you electronically. In the absence of an in-person physical evaluation, the provider may not be aware of certain facts that may limit or affect 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 and in the photos submitted electronically that may impede the 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 telehealth visit has extensive security measures in place to prevent such failures from happening during traditional times. As a result of the recent pandemic, some restrictions have been lifted and security measures may not be as strict.
4. **Presence of Others During Telehealth Visit:** People other than your doctor may be a part of the patient's care during a telehealth visit. These people may include medical assistants for triage and non-medical staff for telehealth instructions and photo management. The final recommendations about your care will come from the provider. It is the patient's responsibility to transmit from a secure area.
5. **Medical Information and Records:** All federal and state 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, 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 the telehealth visit at any time. This will not change your right to future care of health benefits.
8. **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 provider and further understand that no warranty or 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 provider and the practice from any claims you may have about this advice or the telehealth visit generally. The consent provided in this document will expire in one year from the date you sign it, but your waiver and release shall apply indefinitely for any telehealth visits that occur during the one-year period after your signature date. You further understand that as a result of the COVID-19 outbreak, the Office of Civil Rights (OCR) has lifted the restrictions on using popular applications for video chats and emails that under normal circumstances are not considered HIPAA compliant. There is a charge for the virtual visit that will be submitted to your insurance. By agreeing to receive care you acknowledge responsibility should your insurance deny payment for services rendered.

\*SAYBROOK DERMATOLOGY WILL ACCEPT A WRITTEN RESPONSE TO THEIR EMAIL STATING YOU "HAVE READ AND AGREE TO RECEIVE CARE BY A TELEHEALTH VISIT."

\_\_\_\_\_  
Name of Patient

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date