

Telehealth Consent

I hereby consent to engage in virtual visits via Doximity as an adjunct to in-person visits. I understand that telehealth visits include collection of health and demographic information, health assessment, diagnosis, planning, and education using interactive audio, video, and/or data communications. I understand that Telehealth also involves the communication of my medical/mental health information, both verbally and visually, to other health care practitioners.

I understand that I have the following rights with respect to telehealth visits:

- (1) I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment nor risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
- (2) 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 my visit is generally confidential. However, there are both mandatory and permissive exceptions to confidentiality including, but not limited to: reporting child, elder, and dependent adult abuse; expressed threats of violence towards an ascertainable victim; and where I make my mental or emotional state an issue in a legal proceeding. (See also Notice of Privacy Practices forms provided to me, for more details of confidentiality and other issues.) I also understand that the dissemination of any personally identifiable images or information from the telehealth interaction to researchers or other entities shall not occur.
- (3) I understand that there are risks and consequences from telehealth. These may include, but are not limited to, the possibility, despite reasonable efforts on the part of the clinician that: the transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be interrupted by unauthorized persons; the electronic storage of my medical information could be accessed by unauthorized persons and/or misunderstandings can more easily occur, especially when care is delivered in an asynchronous manner.

In addition, I understand that telehealth visits may not yield the same results nor be as complete as face-to-face service. I also understand that if my clinician believes I would be better served by another form of service (e.g., face-to-face service), I will engage in face- to-face services only.

The providers at Idaho BMI have found that assessment, communication and learning are best facilitated by in-person interaction. As such, we request that any visits where you are able to make it to the office for an in-person visit are preferred and we believe to be in the best interest of your health and progress.

(Signature will be applied on Acknowledgements of Consents and Disclosures form)