



## **CONSENT FOR TELEHEALTH CONSULTATION**

1. I understand that I am voluntarily engaging in a telemedicine consultation with Midwest Integrative health, LLC.
2. I understand that the video conferencing technology and/or phone consultation will not be the same as a direct patient/provider visit due to the fact that I will not be in the physical location as my healthcare provider.
3. I understand that a telemedicine consultation has potential benefits including easier access to care, decreasing overall healthcare costs, and allowing visits to be performed from the comfort of my home.
4. I understand there are potential risks to this technology, including physical interruptions, unauthorized access, and technical difficulties. I understand that my healthcare provider or myself can discontinue the telemedicine consult/visit if it is felt that the video conferencing connection is not adequate to maintain HIPAA privacy and security requirements.
5. I understand that a physical exam is limited during a telemedicine visit. I understand that the physical exam portion of the care provided through Midwest Integrative health, LLC will be limited to inspection via video-conferencing and some parts of the exam such as physical tests, examination of certain body parts, and vital signs may be conducted by myself or other individuals at my location at the direction of the healthcare provider or not done at all. I understand that my healthcare provider will do his or her best to obtain as much relevant information as necessary to make a clinical decision and treatment plan during our telemedicine visit.
6. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. I understand that if there is another individual present during the telemedicine visit, I will be informed of their presence and I will also disclose if there is another individual present with myself. It is agreed that these individuals will maintain confidentiality of the information obtained during the telemedicine visit. With additional visitors present, I have the right to request the following: (1) omit specific details of my medical history/physical examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telemedicine examination room; and/or (3) terminate the telemedicine visit at any time.
7. I understand that the alternative to a telemedicine visit is to forgo evaluation and treatment by Midwest Integrative Health, LLC and to seek out an in-person evaluation elsewhere. Thus, I am freely choosing to participate in a telemedicine consultation with Midwest Integrative Health, LLC.
8. I understand that at any time during the telemedicine visit, Midwest Integrative Health, LLC can recommend that I be evaluated in-person due to the nature of my symptoms or concern for worsening of symptoms. Midwest Integrative Health, LLC does offer in-person visits and if the visit needs to be changed from telemedicine to in-person, Midwest Integrative Health, LLC will try to accommodate that change at their earliest availability.
9. I understand telemedicine services offered through Midwest Integrative Health, LLC are not emergency services and that if at any time during the visit, it is felt that I need immediate or urgent attention, Midwest Integrative Health, LLC may call the local 911/EMS service on my behalf.



**Midwest Integrative Health, LLC**

**Remote**

**Macomb, Illinois, US - 61455**

10. To maintain my privacy, I will not share telemedicine login information or video-conferencing links with anyone unauthorized to attend the appointment.

**By signing this form, I certify:**

That I have read this form or had this form read and explained to me and that I understand its contents including the risks and benefits of telemedicine conducted visits.

**PATIENT SIGNATURE \***

\_\_\_\_\_

Date \*

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**PROVIDER SIGNATURE/DATE:**

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