



CONSENT TO PARTICIPATE IN TELEHEALTH SERVICES FACILITATED BY VIDEO CONFERENCING VENDOR

Patient Name: _____

Date of Birth: _____

MRN: _____

Essentia Health delivers certain treatment services to its patients via telehealth services. This document provides you with information about telehealth and what you can expect, as well as the most likely risks and benefits of telehealth. “Telehealth” means using electronic systems to allow communication between a patient and a health care provider who are in different locations. Your telehealth visit will not be the same as a typical visit because you will not be in the same room as the health care provider. Essentia Health uses third party, web-based video conferencing vendors to facilitate your real-time treatment session with your health care provider. Through its web-based video conferencing function, such vendor will electronically transmit your Protected Health Information (PHI) to your health care provider.

Expected benefits:

The primary benefits of telemedicine are that you may remain in your home/at the facility during the telemedicine visit. The availability of clinicians via telehealth leads to more continuity in care and efficiency in evaluation and management by your health care provider.

Possible risks:

In rare cases, the information transmitted may be of inadequate quality or, if the equipment is not working, there could be delays in evaluation and treatment. In these cases, a face-to-face meeting may be necessary, or we may need to reschedule a telehealth visit. You or your health care provider may discontinue the telehealth visit if the connections are not adequate for the situation. Very rarely, security protocols could fail, causing a breach of privacy of medical information. Essentia Health has implemented appropriate security measures to mitigate against this rare situation.

By signing below, I indicate that Essentia Health has my permission to use a web-based video-conferencing application to facilitate my care and treatment.

- I understand the expiration date of this authorization is ____ or 1 year from today’s date, whichever is sooner.
- I understand that my Protected Health Information will be transmitted by a third party web-based video conferencing vendor to my health care provider during my telehealth visits.
- I understand that I have the right to revoke my permission at any time except where Essentia Health has already made disclosures in reliance upon this request. I understand I must notify Essentia Health in writing if I want to revoke my permission.

