



### **Informed Consent for Telehealth Consultations**

Health care services are now available by interactive video communications, telephone and/or by the electronic transmission of information. This may assist in the evaluation, diagnosis, management, and treatment of number of health care problems. This process is referred to as "telemedicine" or "telehealth." This means that you may be evaluated and treated by a health care provider or specialist from a distant location. Since this may be different than the type of consultation with which you are familiar, it is important that you understand and agree to the following statements. The consulting health care provider or specialist will be at a different location from me.

1. I will be informed if any additional personnel are to be present other than myself, individuals accompanying me, the presenting practitioner and, via video/telephone, the consultant. I will give my verbal permission prior to the entry of the additional personnel.
2. The health care provider for whom the on-site examination or treatment is performed (that is, the "presenting practitioner") will keep a record of the consultation in my medical record.
3. **RELEASE OF INFORMATION:** Sheri K Mar, MS, CN the practitioner, who provides professional services to the patient are authorized to furnish medical information from my medical record to the referring physician, if any, and to any insurance company or third party payer for the purpose of obtaining payment of the account. Sheri K Mar, MS, CN is authorized to release information from my medical record to any other health care facility or provider to which my care may be transferred.
4. I understand that I may be released before all my medical problems are known or treated and it is my responsibility to arrange for follow-up care.
5. I understand that I have the option to refuse telehealth service at any time without affecting the right to future care or treatment and without risk losing healthcare benefits.

#### **ASSIGNMENT OF BENEFITS**

I and/or my insurance carrier(s) agree to pay, in a timely manner, for health care services provided. I authorize payment directly to Sheri K Mar all benefits that are payable. The benefits assigned include, but are not limited to, the following: primary and secondary benefits for all medical insurance, Medicare, Medicaid, and any benefits payable by alternative delivery systems such as HMOs and PPOs.

#### **FINANCIAL RESPONSIBILITY**

In consideration for the telehealth services rendered to me, I agree to pay the charges not covered by any insurer or third-party payer, including any deductible or co-payment, or any charges not covered for treatment as required by any insurer or third-party payer to Sheri K Mar, MS, CN.

Signature of Patient/Representative \_\_\_\_\_ Date \_\_\_\_\_

Patient Printed Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Relationship to Patient (Representative)

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