



### Telehealth Patient Consent Form

**Purpose:** The purpose of this form is to get consent for participation in a model of healthcare called telehealth. Telehealth involves the use of electronic communications to enable healthcare providers to share individual patient medical information for the purpose of improving patient care and providing care at a location separate from the provider. ISU Audiology will be using ZOOM remote technology to evaluate/re-evaluate virtually, to help manage your hearing needs. Also, our providers will determine whether you have a condition that requires immediate in-office treatment.

**What is a Telehealth Consultation:** Telehealth is a tool used to help people who cannot go to a healthcare provider's office to receive an examination or consultation. Telehealth uses electronic records including your health history and other information. Your consultation with the provider and these records will be used to address your health concerns or recommend further treatment.

**What are the Risks, Benefits, and Alternatives?:** The benefits of telehealth include having access to a healthcare provider without travelling to a provider's office or clinic. A potential risk of telehealth is that a face-to-face consultation with a healthcare provider may still be necessary after the telehealth appointment. At any time during the consultation, you may choose to end the session and seek care in our clinic based on availability.

**Confidentiality:** Current federal and Idaho laws about confidentiality apply to the information used or disclosed during your telehealth consultation. In rare cases, some of your records may unintentionally become available to people not connected with the consultation. You will be provided with a separate document, which describes how your private information will be handled. This is known as the "Notice of Privacy Practices."

**Rights:** You may choose not to participate in a telehealth consultation at any time before and/or during the consultation. If you decide not to participate it will not affect your right to future care or treatment. You have the option to seek consultation or treatment in an office at any time before or after the telehealth consultation.

**Fees associated with Telehealth:** If you have insurance that covers hearing services via telehealth, we will submit your telehealth visit to your insurance for processing. If your services are considered non-covered, there may be a fee associated with the visit that will be your responsibility.

I have read and understand the information provided above regarding telehealth, have discussed it with my provider, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telehealth and billing that may be related to my telehealth consultation.

\_\_\_\_\_  
Patient/Guardian Signature

\_\_\_\_\_  
Date