



Telehealth Visit - Informed Consent

HNS requires the use of this specific form

during the consent process, and all information included herein must be reviewed with the patient prior to providing care recommendations or treatment.

The signed, completed form must be saved to the patient's health care record.

Patient Name: _____ Patient DOB: _____

Date of telehealth visit _____

Location of patient (city/state) _____

1. For audio visits, be sure to always identify yourself to each patient, including name and credentials.

(“I want to make sure you know that this is Dr. John Corona, your chiropractor.”)

2. Introduction

In light of the coronavirus pandemic, and consistent with government and CDC regulations, at this time payors are urging chiropractors to offer our patients telehealth visits, either virtual visits using FaceTime or Zoom, or telephone visits. These efforts support the diagnosis and treatment of COVID-19, help to protect our patients, and to minimize unnecessary exposure to individuals needing care.

Telehealth involves the use of electronic communications to enable health care providers to remotely provide treatment and/or care recommendations for patients. While telehealth visits may be new to you, they may provide a method for me to assist you without the need for an in-office visit.

Benefits of telehealth include improved access to care and a way to provide a more efficient medical evaluation and management.

3. Address security concerns

I want to let you know that this telehealth visit) is being held in a private and secure location, and only I (and, as needed, any of my staff members) will be part of this telehealth visit (just as if the visit were in my office.)

4. Address availability and nature of other treatment options

Other treatment options for your condition may include:

- Self-administered, over-the-counter analgesics and rest
- Medical care and prescription drugs such as anti-inflammatory, muscle relaxants and painkillers
- Visits to your primary care provider, specialist or urgent care
- Hospitalization
- Surgery

If you chose to use one of the above noted “other treatment” options, you should be aware that there are risks and benefits of such options and you may wish to discuss these with your primary medical physician.

5. Review risks and dangers attendant to remaining untreated

Remaining untreated may allow the formation of adhesions and reduce mobility which may set up a pain reaction further reducing mobility. Over time this process may complicate treatment making it more difficult and less effective the longer it is postponed.

6. Possible Risks

As with any medical procedures or recommendations, there are potential risks associated with the use of telemedicine. These risks include, but may not be limited to:

- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the physician.
- Delays in evaluation and treatment could occur due to deficiencies or failures of the equipment.
- In rare instances, security protocols could fail, causing a breach of privacy of personal medical information.
- In rare cases, a lack of access to complete medical records may result in adverse reactions or other judgment errors.

7. Obtain patient agreement of understanding of the following:

_____ Do you understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine, and that no information obtained in the use of telemedicine which identifies me will be disclosed to researchers or other entities without my consent?

_____ Do you understand that you have the right to withhold or withdraw your consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment.

_____ Do you understand that you have the right to inspect all information obtained and recorded in the course of a telemedicine interaction and may receive copies of this information for a reasonable fee.

_____ Do you understand that a variety of alternative methods of medical care may be available to you, and that you may choose one or more of these at any time.

_____ Have I explained these alternatives to your satisfaction?

_____ Do you understand that while we are hopeful of benefits from the use of telemedicine that no results can be guaranteed or assured?

8. Obtain Consent

_____ Do you understand all of the information I have provided today, and agree that you have been given an opportunity to ask questions, and have those questions answered?

_____ Do you hereby give your consent to the use of telehealth in my chiropractic care?

Physician Signature; _____

Date Consent Obtained: _____

This completed/signed form must be saved to the patient's permanent healthcare record.