

Telemedicine and Telehealth Informed Consent

IMPORTANT: TELEMEDICINE AND TELEHEALTH SERVICES ARE NOT FOR EMERGENCIES. IF YOU HAVE AN EMERGENCY, CALL 911 OR YOUR LOCAL EMERGENCY SERVICE.

Telemedicine and Telehealth services involve the use of secure interactive videoconferencing equipment and devices that enable health care providers to deliver behavioral health and mental health care services to patients who may be seen from different sites.

1. I understand that Telemedicine and Telehealth may also require transmission, via Internet or telecommunication device, of other forms of health information, which may also include:
 - a. Transmission of medical records, progress reports, assessments, or other intervention- related documents
 - b. Bio-physiological data transmitted electronically
 - c. Videos, pictures, text messages, audio and other digital transmission of health or insurance related data
2. I understand that I have the right to refuse to participate or decide to stop participating in a Telemedicine and Telehealth session, and that my refusal will be documented in my medical record. I also understand that my refusal will not affect my right to future care or treatment. I may request to revoke my right at any time by contacting U.S. Televero Health P.A. at (512) 956-5003.
3. I understand that my provider e.g., Psychiatrist, Psychologist, Nurse Practitioner, Nurse, Social Worker, Counselor, Therapist Social Worker, Counselor, Therapist (“Provider”) recommends engaging in Telemedicine and Telehealth services with me to provide treatment.
4. I understand that the same standard of care applies to a Telemedicine and Telehealth visit as applies to an in-person visit.
5. I understand that all laws that protect the privacy and confidentiality of healthcare information also apply to Telemedicine and Telehealth visits.
6. I understand that Telemedicine and Telehealth treatment has potential benefits including, but not limited to, easier access to care. I understand that Telemedicine and Telehealth has been found to be effective in treating a wide range of disorders.
7. I understand that it is my obligation to notify my Provider of my location at the beginning of each treatment session. If for some reason, I change locations during the session, it is my obligation to notify my Provider of the change in location.
8. I understand that it is my obligation to notify my Provider of any other persons in the location, either on or off camera and who can hear or see the session. I understand that I am responsible for ensuring privacy at my location. I will notify my Provider at the outset of each session, and I am aware that confidential information may be discussed.
9. I understand that it is my obligation to ensure that any virtual assistant artificial intelligence devices, including but not limited to Siri, Google, Alexa, Echo, Open AI or Bing will be disabled or will not be in the location where conversation or information can be heard.
10. I agree that I will not record either through audio or video any of the session unless I notify my provider and my provider consents to recording the session.

11. I understand that I will be seen virtually, and I will not be physically in the same room as my health care provider.
12. I understand that not all mental health conditions can be treated using Telemedicine and Telehealth health. If my provider determines that my case is too complicated or too risky to be treated virtually, I will be referred for in-person care at an appropriate facility.
13. I understand that for every visit, I will need to remain in Texas and identify my specific private location. No Telemedicine or Telehealth health services can be provided from cars, buses, or other moving vehicles or public locations or when you are located in other states, unless permitted by Texas law or if your provider is licensed in that other state. Televero Health Providers shall have the sole discretion to cancel the Telehealth appointment under any of these circumstances and a cancellation fee of \$75 shall apply to the patient.
14. I understand that there are potential risks to using technology, including service interruptions, interception, and technical difficulties.
15. If it is determined that the videoconferencing equipment and/or connection is not adequate, then as a last resort we may need to discontinue the Telemedicine or Telehealth visit and make other arrangements to continue the visit.
16. I understand there are potential risks to using Telemedicine and Telehealth technology, including but not limited to, interruptions, unauthorized access, and technical difficulties. I understand some of these technological challenges include issues with software, hardware, and internet connection and may result in interruption in my Telemedicine or Telehealth session.
17. I understand that my Provider is not responsible for any technological problems.
18. I understand that I am responsible for information security on my device, including but not limited to, computer, tablet, and phone.
19. I understand I require certain computer or cell phone systems to use Telemedicine and Telehealth services. I understand I am solely responsible for any cost to obtain any necessary equipment, accessories, or software to utilize a Telemedicine or Telehealth visit.
20. I understand that my Provider or I (or, if applicable, my guardian or conservator), can discontinue the Telemedicine or Telehealth session if it is determined by either me or my Provider that the videoconferencing connections or protections are not adequate for the session.
21. I have had a conversation with my Provider, during which time I have had the opportunity to ask questions concerning services via Telemedicine and Telehealth. My questions have been answered, and the risks, benefits, and any practical alternatives have been discussed with me.
22. I understand that all laws that protect privacy and the confidentiality of health care information apply to Telemedicine and Telehealth services.
23. I understand I have the right to access the notes from my Telemedicine or Telehealth encounter.
24. I understand that my health care information may be shared with other individuals for scheduling and billing purposes.
 - a. I understand that my insurance carrier will have access to my medical records for quality review/audit and that my health information may be shared with another insurance company who purchases your original insurance company.

- b. I understand that I will be responsible for any out-of-pocket costs such as fees for missed sessions, copayments or coinsurances that apply to my Telemedicine or Telehealth visit.
 - c. I understand that health plan payment policies for Telemedicine and Telehealth visits may be different from policies for in-person visits.
25. I understand that this document will become a part of my medical record.
26. I recognize my Provider may need to notify emergency personnel in the event he/she feels there is a safety concern, including but not limited to, a risk to self/others or if my Provider is concerned that immediate medical attention is needed.
27. To maintain confidentiality, I will not share my Telemedicine and Telehealth appointment link or information with anyone not authorized to attend the session.
28. I understand that either I or my Provider can discontinue the Telemedicine and Telehealth services if those services do not appear to benefit me therapeutically or for other reasons which will be explained to me. I understand there may be no other treatment alternative available.
29. I have read and understand the information provided above regarding Telemedicine and Telehealth, have discussed it with my Provider, and I hereby give informed consent to the use of Telemedicine and Telehealth.

By consenting to, digitally signing and submitting the patient registration form (“Patient Registration Form”) on the televerohealth.com website, I attest that I (1) have personally reviewed and accept all terms and conditions herein on this Telemedicine and Telehealth Informed Consent (or had it explained to me) for U.S. Televero Health, P.A. and fully understand and agree to its contents; (2) have had my questions answered to my satisfaction, and the risks, benefits, and alternatives to Telemedicine or Telehealth visits shared with me in a language I understand; and (3) am located in the state of Texas and will be in Texas during my Telemedicine or Telehealth visit(s). I understand that I am entitled to receive a copy of this document.