



## **Telehealth: What to expect at your appointment**

### **What is telehealth?**

Telehealth is the use of facetime visit/conferencing for appointments with your doctor when they are at a different location. You may have seen video Visit/conferencing used on television when the host is interviewing a guest overseas, who appears on a television screen.

### **Why have I been booked into telehealth?**

Telehealth can be very convenient when:

- You need access to your PCP/Specialist that isn't in your local area
- There is a shorter waiting period for a telehealth appointment than face-to-face
- It is difficult for you to travel
- You wish to have a local health professional or family member with you at your specialist appointment.

Your local health professional will only recommend telehealth when they consider it to be safe and appropriate for you.

### **What happens at a telehealth appointment?**

- At the telehealth appointment, you (and your support person) will meet with a doctor at a distant location via a facetime link. You will see the doctor on the I-Pad screen and will be able to talk to them as you would in a face-to-face visit/consultation.

### **Is my telehealth facetime visit/consultation private and confidential?**

Yes. The image and sound are transferred in an encrypted form so that your medical visit/consultation is completely confidential.

### **How much does it cost?**

Telehealth is often covered by Medicare. If there are additional costs involved, these will be discussed with you by your referring health professionals billing office.



### **What if I need to be examined?**

If needed, the specialist may ask your local health professional to examine you on their behalf, and would discuss this with you. This may or may not be on camera, and at all times your privacy will be respected.

### **How can I get the most out of my appointment?**

- Before the appointment, make a list of questions that you have for your doctor/specialist that relates to your care, and bring them with you.
- On the day of your appointment, you **MUST** be in a quiet room or area (not at the work site, children in the background, dogs barking), if you have to drive to a spot to get better cell service pull off and away from the road (again no kids, dogs, or friends in the car, you may have 1 advocate and must introduce them).
- If you are in the clinic no children are allowed in the room during the visit/consultation.
- Try to arrive/be available 10-15 minutes before your appointment. We will attempt a call twice (2) and then consider it a no show.
- Offsite appointments your mobile device **MUST** show a minimum of three (3) bars to start the call. If it's an onsite call switch off your mobile phone.
- You will be able to speak naturally to your doctor/specialist, but try not to interrupt other people. The microphone can only pick up one person at a time.
- If you have any questions during the visit/consultation, please feel free to ask.

### **Can I choose not to be seen by telehealth?**

Of course! If you are not comfortable talking to your doctor/specialist by telehealth, feel free to discuss this with medical assistant or your doctor that has referred you for telehealth. They will be able to advise you of the availability of face-to-face appointments with him or the specialist, however, this may involve travelling to the specialist's clinic.

### **What if I need to cancel my appointment?**

Planning a telehealth clinic involves a lot of coordination. If you are unable to attend, please phone the clinic coordinator on the number listed below, as soon as possible. No show policy is a \$25.00 charge





## TELEHEALTH PATIENT CONSENT/REFUSAL

PATIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

**1. PURPOSE:** The purpose of this form is to obtain your consent to participate in a telehealth visit through Doxy.me, Zoom, Facetime. This will be the only way to see the provider during certain times or time of the Coronavirus out breaks or stay put orders.

**2. NATURE OF TELEHEALTH VISIT:** During the telehealth visit

- a. Details of your medical history including but not limited to images, x-rays, and tests may be shared electronically and discussed with the provider
- b. A physical examination/assessment of you may take place with your assistance.
- c. A non-medical technician may be present during the telehealth visit to aid in the video transmission.
- d. No video or audio are taken of you during the procedure(s) or service(s). Photos may be taken and scanned into your record.

**3. MEDICAL INFORMATION & RECORDS:** All existing laws regarding your access to medical information and copies of your medical records apply to this telehealth visit. Please note, not all telecommunications and photos are stored. Additionally, dissemination of any patient identifiable images or information for this telehealth interaction shall not occur without your consent.

**4. CONFIDENTIALITY:** Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telehealth visit, and all existing confidentiality protections under federal and California state law apply to information disclosed during this telehealth visit. Despite our best efforts to protect the privacy of patient information, security could fail causing a breach of privacy and personal medical information.

**5. RIGHTS:** You may withhold or withdraw consent to the telehealth visit at any time without affecting your right to future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

**6. DISPUTES:** You agree that any dispute arising from the telehealth visit will be resolved in California, and that California law shall apply to all disputes.

**7. RISKS, CONSEQUENCES & BENEFITS:** You have been advised of all the potential risks, consequences and benefits of telemedicine. Your health care practitioner has discussed with you get the information provided above. You have had the opportunity to ask questions about the information presented on this form and the telehealth video visit. All your questions have been answered, and you understand the written information provided above. You will be charged a \$25.00 fee for a no-show call, or call stopped due to not following the Telehealth protocol.

I agree to participate in a telehealth visit for the service(s) described above.

Signature: \_\_\_\_\_ Email: \_\_\_\_\_

If signed by someone other than the patient, indicate relationship: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ Phone: \_\_\_\_\_

I refuse to participate in a telehealth video visit for the service(s) described above.

Signature: \_\_\_\_\_

If signed by someone other than the patient, Indicate relationship: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ WITNESS: \_\_\_\_\_