

Patient/Client Informed Consent – Telehealth

Client/Patient: _____

Date of Birth: _____

During this time of health crisis and where reasonably appropriate, CMU will provide healthcare services via certain forms of technology in lieu of a face to face visit. This technology may involve videoconferencing or only verbal conversations or both. Using telehealth tools will help to provide some continuity of care to our patients during this time of the World Health Organization's announcement of a pandemic medical crisis.

The type of technology used to provide the telehealth service will define what type of service can be provided and how comprehensive and complete the service may be. The telehealth service may not be as complete as a face to face service. The CMU provider will inform you if you would be better served by another form of service delivery.

The laws protecting the confidentiality of your medical information also apply to telehealth. As such the information that you disclose to CMU during your telehealth service will remain confidential under the current federal and state laws. In addition, CMU clinics have worked with the CMU Health Care Information Technology group to help safeguard your information. However, there are risks involved in participating in telehealth.

POSSIBLE RISKS

Despite reasonable efforts on the part of CMU, there are risks and consequences from telehealth, including, but not limited to:

- the transmission of my information could be disrupted or distorted by technical failures potentially causing delays in evaluation and treatment services; and/or
- the information transmitted may not be sufficient to allow for appropriate medical decision making; and/or
- the transmission of my information could be interrupted by unauthorized persons; and/or
- In rare instances, security protocols could fail, causing a breach of privacy of personal information
- the electronic storage of my medical information could be accessed by unauthorized persons.

BY SIGNING THIS FORM, ATTEST AND UNDERSTAND THE FOLLOWING:

- I understand the POSSIBLE RISKS above and because of such risks, results of my services cannot be guaranteed.
- I understand that telehealth may involve the communication of my medical and educational information.
- I understand that if I am not in a CMU location, I am responsible the privacy of conversations between myself and the CMU providers and staff involved. I understand that I shall help make sure these conversations are not overheard by the others present in my location or by devices for example: devices such as Alexa, Siri, baby monitors, etc.
- I understand that I have the right to request alternative communications with my provider, including via email. I understand that **my choice for alternative methods of communication may not be secure. I understand that if I request communication via email, CMU prefers to have the email encrypted, however, I may also refuse encryption and assume the security risk to my protected health information.**
- I understand that I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- I also understand that a written request is required in order to revoke this consent. However, this consent cannot be revoked to the extent that this CMU clinic has already acted in reliance on the consent.

I have read the above information, have discussed it with my provider or provider's designated assistants, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telehealth services.

Patient/Client Signature

Date

If Client/Guardian Signature, what is your relationship to the Patient?

Provider's Signature

Date