



## Informed Consent to Telehealth Services

### Overview of Telehealth Services

Telehealth Services involves the use of electronic communications to enable healthcare providers at different locations to share individual patient personal health information for the purpose of improving patient care. Providers may include chiropractors, primary care physicians, specialists and/or subspecialists, nurse practitioners, registered nurses, medical assistants, chiropractic assistants, and other healthcare providers who are a part of my clinical care team. In addition to the members of my clinical care team, my family members, caregivers, or other legal representatives or guardians may join and participate on the telehealth service, and I agree to share my personal information with such family members, caregivers, legal representatives, or guardians.

The information may be used for assessment, diagnosis, treatment, follow-up, and/or education, and may include any of the following:

- Patient medical records (e.g., progress reports, assessments, or other intervention-related documents)
- Videos, pictures, text messages, audio, and any digital form of data

Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption.

### Potential Benefits of Telehealth Services

- Improve access to healthcare by enabling a patient to engage with her/his chiropractor without being in the same physical location.
- Ensure continuation of care.

### Potential Risks of Telehealth Services

The laws that protect the privacy and confidentiality of health and care information also apply to telehealth services. Information obtained during telehealth services that identifies me will not be given to anyone without my consent except for the purposes of assessment, diagnosis, treatment, education, billing, and healthcare operations. As with any Internet-based communication, I understand that there is a risk of security breach. These risks include, but may not be limited to:

- Telehealth service sessions may not always be possible. Disruptions of signals or problems with the Internet's infrastructure may cause broadcast and reception problems (e.g. poor picture or sound quality, dropped connections, audio interference) that prevent effective interaction between consulting clinician(s), participant, patient, or care team.
- Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment.

**Harmonious Living Chiropractic: Fitness & Wellness Center, LLC**  
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Phone: 240-264-6372 | Fax: 1-888-375-5167  
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Last updated on 01/01/2024  
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Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_



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I hereby release and hold harmless Harmonious Living Chiropractic: Fitness & Wellness Center and all members of my care team from any loss of data or information due to technical failures associated with telehealth services.

### Risk of Confidentiality

As with any Internet-based communication, I understand that there is a risk of security breach. Since telehealth service visits are outside of my healthcare provider office, there is a potential for other people to overhear, if you are not in a private place during the sessions. It is highly recommended that patients take reasonable steps to ensure the security of communications during telehealth services (e.g. only using secure networks for telehealth sessions and having password to protect the device used for telehealth). Individuals other than my clinical care team or consulting providers may also be presented and have access to my information for the telehealth service session. This is so they can operate or repair the video or audio equipment used. These people will adhere to applicable privacy and security policies.

### Limitations in Examination

The level of healthcare provided via telehealth services is not the same as an in-office visit. The healthcare provider is not able to provide hands-on assessment and/or examination of my complaints. If my healthcare provider believes it is best to have an in-office/in-person visit, to further assess my condition(s) it is my responsibility to schedule an in-office appointment or go to the nearest hospital or out-patient medical facility. I understand and agree that the health information I provide at the time of my telehealth services may be the only source of health information used by the healthcare professional during my evaluation and treatment at the time of my telehealth service visit, and that such professionals may not have access to my full medical record or information held at Harmonious Living Chiropractic: Fitness & Wellness Center.

I understand that I will be given information about diagnoses(s), test(s), treatment(s), and procedure(s), as applicable, including the benefits, risks, possible problems or complications, and alternative choices for my healthcare through the telehealth service visit.

### Privacy Policy

By agreeing to use the telehealth services, I am consenting to Harmonious Living Chiropractic: Fitness & Wellness Center sharing of my protected health information with certain third parties as more fully described in Harmonious Living Chiropractic: Fitness & Wellness Center *Privacy Policy*. I understand, agree, and expressly consent to Harmonious Living Chiropractic: Fitness & Wellness Center obtaining, using, storing, and disseminating to necessary third parties, information about me, including my image, as necessary to provide the telehealth services.

### During Telehealth Service Visits

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I understand that during my telehealth visits:

- I will be in a private place, to ensure sessions are not interrupted.
- I will use an earphones or headset with microphone, if I am not in a private place.
- If I am a minor, my parents or legal guardians must be present for the duration of the telehealth visit.
- I must be in the State of Maryland for the duration of the telehealth visit.
- I must present a photo ID for self-identification prior to the telehealth visit.

### Fees

It is my responsibility to contact my insurer to determine if there are co-pays or fees which I am responsible for. Insurance or other managed care providers may not cover telehealth sessions that are conducted via telecommunication. If my insurance, HMO, third-party payor, or other managed care provider does not cover telehealth sessions with a chiropractor, I will be solely responsible for the entire fee of the visit. Be sure to contact your insurance company prior to engaging in telehealth services at our office to determine whether these sessions will be covered.

### Records

Telehealth service sessions will not be recorded in any way unless agreed to in writing by mutual consent. The Office will maintain a record for telehealth sessions in the same way in-person visits in accordance with the Office policies and procedures.

### Withdrawal of Consent

I have the right to withhold or withdraw consent to the use of telehealth services at any time and revert back to traditional in-person office services. I understand that if I withdraw my consent for telehealth services, it will not affect any future services or care benefits to which I am entitled.

### Acknowledgement and Agreement to Telehealth Services

By signing below, I certify that I am the legal representative of the participant or that I am the patient and am 18 years of age or older, or otherwise legally authorized to consent. I have carefully read and understand the above statements. I have had all my questions answered. I understand that this informed consent will become a part of my medical record. All my questions have been answered to my satisfaction.

**I hereby consent to the use of Telehealth Services in provision of care and the above terms and conditions.**

\_\_\_\_\_  
Printed Name of Patient/Legal Guardian

\_\_\_\_\_  
Signature of Patient/Legal Guardian

\_\_\_\_\_  
Date

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