

To better serve the needs of our patients and to minimize the need for travel to our offices, some healthcare services for the patients of Spectrum Healthcare Partners will be available by telehealth.

Telehealth uses electronic communication to provide care from a distance (from where you are located) and at the time that you need care. This means that you may be evaluated by a healthcare provider at Spectrum Healthcare Partners from their location. The electronic communication may happen by two-way video similar to “face time”.

***Since this is different than the type of healthcare visit with which I am familiar, I understand and agree to the following:***

1. I understand my provider may use telehealth to examine, consult, diagnose, and/or treat me and that this treatment will be documented in my medical record.
2. I understand that the provider determines whether or not the conditions being diagnosed and/or treated are appropriate for a telehealth encounter.
3. I understand the **anticipated benefits**:
  - a. Access to healthcare at my location while the provider may provide care from a distant site.
  - b. Increased ability to receive medical advice/treatment from a health care provider in a more time-efficient and convenient manner
4. I know that I have the right to ask questions and receive guidelines about the services offered to me.
5. I understand that my use of telehealth is my choice and no one else can decide that for me.
6. I know that I have the right to know who will be involved in my healthcare and this includes the people who will be with me in person and the people who will be at the distant site to care for me.
7. I have the right to exclude anyone from either site and I have the right to object to the videotaping or other recording of any telehealth service.
8. I know that I can stop using telehealth at any time and request the same service(s) in a face-to-face setting and understand that if I choose a face-to-face setting my care team may change.
9. I understand that neither the treating provider or I may create an audio/video recording on any of our telehealth encounters
10. I know that information, including medical history and personal health information, about me may be created, stored, used, or disclosed in linking me with telehealth services.
11. This information is protected health information and will be handled using the standards applied to all protected health information. I know that I have the right to access my protected health information under federal and state law.
12. If I am a Mainecare beneficiary, my refusal of telehealth will not affect my Mainecare benefits.
13. I understand that there are **possible risks**:
  - a. I know that even though computer systems used to deliver telehealth are made to protect others from knowing who I am and/or anything about my health information, it is possible that equipment or security failures can occur despite these protections and my personal medical information could be exposed.
  - b. Technical problems (for example, poor resolution of images) or the type of health problem being treated can result in the transmission of information that is not adequate for medical decision making. In some cases, an in-person visit may be needed.
  - c. Delays in medical evaluation and treatment or loss of information could occur due to deficiencies or failures of the equipment.
  - d. In rare cases, a lack of access to all of your medical records may result in adverse drug reactions or allergic reactions or other judgement errors.
14. I understand that while I may benefit from this telehealth encounter, results cannot be guaranteed or assured.

15. I permit transmissions for prescription refills, appointment scheduling and patient education using telehealth.
16. I understand that there may be a bill from the provider of this telehealth encounter and I agree to pay the charges not covered by my insurance or third party payor.

**Patient Consent to the use of Telemedicine:**

I have read and understand the information provided above regarding telemedicine, have had the opportunity to ask questions about this information, and all of my questions have been answered to my satisfaction.

I hereby give my informed consent for the use of telemedicine in my medical care and authorize the transmission of any relevant medical information to providers and their staff involved in my medical care.