



Greenhouse Internists Telehealth Consent Form

Telehealth is the delivery of healthcare services through the use of technology when the healthcare provider and patient are not in the same physical location. Telehealth services are performed by phone, video, or the web. By scheduling and/or participating in a telehealth service, I acknowledge the following:

1. I have made the choice to participate in a telehealth service and I understand I may terminate the consultation at any time.
2. I understand that a telehealth consultation will not be the same as a face-to-face visit with my provider due to the fact that I will not be in the same room as my healthcare provider. I understand that a telehealth consult is not intended to replace a full medical face-to-face evaluation by a provider.
3. I understand that there are potential challenges to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my healthcare provider or I can discontinue the telehealth consult if it is felt that the videoconferencing connections are not adequate for the situation.
4. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes.
5. I understand that billing to my insurance company will be done as a telehealth service, and as such, I may be financially responsible for full or partial payment of any non-covered or partially covered service. I realize that it is my responsibility to contact my individual insurance carrier to ensure that telemedicine services are covered.