

Informed Consent to Telehealth Consultation

I the undersigned, [FULL NAMES], [SAID OR PASSPORT NUMBER] understand and agree that:

1. My Chiropractor has agreed to receive me as a patient by means of a Telehealth consultation.
2. My Chiropractor has explained to me how Telehealth functions and that this delivery of healthcare uses video conferencing technology to deliver healthcare remotely further understanding that the consultation will not be the same as a direct patient/ chiropractor visit since I will not be in the same room as my chiropractor and that, although Telehealth is regarded as an effective means of delivering healthcare, my chiropractor cannot examine me physically and is reliant on my complete and honest explanation of my signs and symptoms.
3. The purpose of Telehealth is to assess and treat my condition by remote consultation.
4. The telehealth consult is conducted through a two-way video link-up whereby the chiropractor can see my image on the screen and hear my voice.
5. Unlike a traditional consultation, the chiropractor does not have the use of the other senses, nor can he or she examine me physically.
6. I may ask questions and seek clarification of the procedures and Telehealth technology at any time and that I can also approach my chiropractor for a follow-up Telehealth consultation.
7. I can ask that the Telehealth examination and/or videoconference be stopped at any time.
8. There are potential risks with the use of this new technology, namely including, but not limited to: Interruption of the audio/video link; disconnection of the audio/video link; a picture that is not clear enough to meet the needs of the consultation; or potential electronic tampering and if any of these risks occur, the procedure might need to be stopped.
9. Electronic systems used will incorporate network and software security protocols to protect the privacy and security of health information and imaging data, and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption.
10. Any paperwork exchanged will always be provided through electronic means.
11. During the Telehealth consultation, details of my medical history and personal health information will be discussed through the use of interactive video.
12. My Chiropractor and I will regularly reassess the appropriateness of continuing to deliver services to me through the use of technologies we have agreed upon today, and modify our plan as needed.
13. I understand the examination may be videotaped but will then be used for internal quality review only.

I, the undersigned patient, do hereby understand and state that I agree to the above, that this form has been fully explained to me, that I have read it and have had it read to me before the Telehealth consultation. I understand and agree to its contents.

Date: _____

Signature: _____

Witness first and last name: _____

Witness signature: _____