



## CONSENT FOR TELEHEALTH/TELEPHONIC CONSULTATION

I have been asked by my healthcare provider to participate with Avenue 360 Health & Wellness and its healthcare providers, pharmacists, medical assistants, technical assistants, and others deemed necessary to assist in my healthcare through telehealth and/or telephonic consultations.

### I understand the following:

1. This consultation is done with video/audio conferencing technology through a two-way video link whereby a healthcare provider can see my image on the screen and hear my voice. Unlike a traditional office visit, I may not see my usual provider, I will not be in the same room as my provider, my provider will not have the opportunity to perform a physical exam and the provider will rely on the information provided by me.
2. It is my responsibility to provide accurate and current information regarding my medical history, condition and care that is complete and accurate to the best of my ability. My healthcare provider will rely on the information provided by me and is not responsible for advice, recommendations and/or decisions based upon incomplete or inaccurate information provided by me.
3. A telehealth/telephonic consultation has potential benefits including easier access to care and the convenience of meeting from a location of my choosing. I may ask questions and seek clarification, at any time.
4. There are potential risks to this including, but not limited to: interruptions of the link; unauthorized access; and technical difficulties. I understand my healthcare provider, or I can discontinue the telehealth and/or telephonic consultation if it is felt that the conferencing connections are not adequate for the situation or an in-person exam may be necessary.
5. My healthcare provider and I had a conversation, during which I had the opportunity to ask questions regarding this consultation. My questions have been answered and the risks, benefits and any practical alternatives have been discussed with me in a language which I understand.
6. I understand that ZOOM is the technology my provider is using to conduct this consultation and that ZOOM is not responsible for any medical decisions made by the Avenue 360 provider.
7. To maintain confidentiality, I will not share my telehealth appointment link with anyone unauthorized to attend the appointment. I understand the electronic transmission of data, video images, and audio is developing, and that confidentiality may be compromised by failures of security safeguards or illegal and improper tampering.
8. I understand I can make a complaint to the Texas Medical Board by calling the Complaint Hotline at 800-201-9353 or The Joint Commission by calling 800-994-6610.

### By signing this form, I certify:

- I have read or had this form read and/or had this form fully explained to me
- I fully understand its contents including the risks and benefits of the consultation(s) and I give my consent to receive telehealth and/or telephonic consultation services.
- I have been given ample opportunity to ask questions and all questions were answered to my satisfaction.
- This consent will remain in effect for one (1) year from the date written below, unless revoked sooner by me in writing.

Printed Name of Patient/Responsible Party: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_