Consent for Telehealth Services

Telehealth involves the use of electronic communication to enable you, the patient, to share and discuss medical information with the provider for the purpose of delivering convenient, efficient, and effective patient care. The laws that protect privacy and confidentiality of medical information also apply to telehealth, so any consultation via telehealth is secure and confidential.

Potential Risks

I understand the following concerning telehealth consultations:

- Videoconferencing equipment could fail, causing delays in medical evaluation and treatment.
- In rare cases, information transmitted may not be sufficient (e.g. poor resolution of images) to allow for appropriate medical decision making by the consulting provider.
- In very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.
- I/my child may be required to be seen by or visit the consultant in person if more information is needed to make a diagnosis.

I understand the following concerning telehealth consultations:

- It has been explained to me how videoconferencing technology will be used to facilitate the consultation since the consulting provider and I will not be in the same room.
- Individuals may be present with the consulting provider to operate equipment or to assist with evaluation, examination and/or treatment. I will be told if there are other people present.
- I have the right to: (1) ask non-medical personnel to leave the room; and/or (2) stop the consultation at any time.
- If my telehealth consultation is not able to be completed for any reason (such as equipment failure), I may work with Children's Hospital personnel to reschedule. If I/my child need care emergently, I will either call 911 or go to the nearest emergency room without delay.
- The alternatives to a telehealth consultation have been explained to me, and I have chosen for me/my child to participate in a telehealth consultation.
- I understand the role of the physician and the patient and the role of any other healthcare providers with respect to management of the patient.
- I understand that Children's Hospital's telehealth consultation services should never be used for urgent matters. Therefore, for all urgent health care matters, I will go to or I will bring my child, without delay, to the emergency department of a local hospital, and/or dial 911.
- I have the right to withhold or withdraw my consent to the telehealth consultation at any time without affecting my/my child's right to future care, treatment, benefits, or programs for which I/my child may be eligible.
- I understand that these video conferences are not routinely recorded. However, there may be instances in which the health care provider may need to obtain a photograph or video or audio recording. By signing below, I grant permission to Children's Hospital and its health care providers to photograph, videotape, and/or audiotape my child and to use such photographs, videotape and/or audiotape for clinical, educational, and legal purposes.
- I have the right to access a copy of my/my child's medical records. I have been provided with a copy of Children's Hospital's Notice of Privacy Practices, which includes instructions for how to do so. An online version of this notice can be found at: https://www.chnola.org/documents/Notice-of-Privacy-Practices-English.PDF-07-16).2).pdf
- I understand my/my child's healthcare information may be shared with other individuals for scheduling and billing and insurance purposes as well as the payer's (insurance company) case management staff.
- I understand that the provider will bill my insurance or Medicaid for these services. I understand that I may be responsible for payment of services, copayment or coinsurance if required by my insurance company.
- I understand that if I/my child need to or would like to receive follow-up care from this health care provider, I can contact Children's Hospital at (504)-899-9511.
- I understand that my/my child's account may not be available to me at all times due to unanticipated technology or system failures, back-up procedures, maintenance, or other causes beyond the control of the Children's Hospital or its authorized vendors and agents. Access is provided on an "as-is as-available" basis and Children's Hospital or its authorized vendors and agents do not guarantee that I will be able to access my account at all times. In the event of such a technology or system failure, I can call (888)-666-2352 or go to https://www.chnola.org/our-services/telehealth/contact-us/ for assistance or to pursue further care.
- I understand that I may decline to receive medical services by telemedicine and may withhold or withdraw my consent from such care at any time without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting my Healthcare Provider. As long as this consent is in force (has not been revoked) my healthcare team may provide healthcare services to me via telehealth without the need for me to sign another consent form.
- I understand that every attempt will be made to reach the primary contact for the student before a video visit occurs; however, in the event the contact cannot be reached, a telehealth presenter may proceed with the visit if they believe it to be in the best interests of the student.

I have read and understand the information provided above regarding telehealth. I consent (agree) to participate in the School Based Telehealth Program under the terms stated above.

Parent/Guardian Signature:_____ **Date:**_____

Parent/Guardian Name Printed:_____ **Student Name Printed:**_____

****FOR OFFICE USE ONLY****

By signing below, I confirm that verbal consent to treat was obtained from the legal guardian of the student prior to initiating a video visit. Guardian's signature above acknowledges that verbal consent was given before written consent.

Telehealth Presenter Signature:_____ **Date:**_____