

IbnSina Telehealth Agreement

Agreement (read only)

TELEHEALTH CONSENT

IbnSinaWellness.com

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I understand that my health and wellness provider IbnSinaWellness.com wishes me to have a telehealth consultation.

What Telehealth Means

Telehealth means the delivery of healthcare services using electronic communications between me and my provider, where we are not in the same physical location. Depending on the service being provided, my clinical needs, and the laws and regulations of the state in which I am physically located at the time of my visit, my consultation may take place through one or more of the following formats:

- Synchronous audio-video: a live, real-time video and audio connection with my provider.
- Synchronous audio-only: a live, real-time telephone or voice-only connection with my provider, used when video is unavailable, not required, or not clinically necessary.
- Asynchronous ("store-and-forward"): I submit health information, photos, questionnaires, messages, or history to my provider, who reviews it and responds within a reasonable time, without a live, real-time exchange.

My provider will determine which format is appropriate for my visit based on my clinical presentation, the service requested, and applicable state requirements. Some states limit which services may be provided through audio-only or asynchronous visits, and may require a synchronous audio-video or in-person visit for those services. I understand that IbnSinaWellness.com will follow the telehealth practice standards of the state where I am located at the time of my visit, and that this may affect which format is used and whether an in-person visit or additional evaluation is required.

My Responsibility to Confirm My Location

I understand that telehealth regulations and provider licensure requirements are based on the state where I am physically located at the time of the visit, not necessarily where my provider is located. I agree to accurately disclose my physical location at the time of each telehealth visit and to promptly notify my provider if I am, or will be, located in a different state than previously provided. I understand that my provider may be unable to see me, or may need to modify or decline treatment, if I am located in a state where the provider is not licensed or where applicable law does not permit the requested service to be delivered by telehealth.

This means that, through my chosen format, I will be able to consult with the above-named provider about my health and wellness concerns. My provider has explained to me how telehealth will be used for such consultation and how else we will use telehealth to connect while working together, using the Healthie telehealth platform.

Risks of Telehealth

I understand there are potential risks with this technology, which may vary depending on the format used:

- The video, audio, or data connection may not work, may be delayed, or may stop working during the consultation.
- The video picture, audio, or information transmitted may not be clear enough to be useful for the consultation.
- For audio-only visits, my provider will not be able to see me, which may limit the information available for evaluation.
- For asynchronous visits, there is no live exchange, so my provider's response, questions, or need for follow-up may not be immediate, and additional information or a live visit may be required before treatment can be provided.

- Certain conditions or services may not be appropriate for audio-only or asynchronous evaluation and may require a synchronous audio-video visit or an in-person examination.

Benefits of Telehealth

The benefits of a telehealth consultation are:

- I do not need to travel to the consult location.
- I have access to a specialist through this consultation.
- I may have more flexible options for how and when I connect with my provider, depending on clinical appropriateness and state law.

Confidentiality

I also understand other individuals may need to use the Healthie telehealth platform and that they will take reasonable steps to maintain confidentiality of the information obtained.

Consent

I have read this document and understand the risks and benefits of telehealth consultation in its various formats, understand that the format used will depend on clinical appropriateness and the laws of the state where I am located, have had my questions regarding the procedure explained, and I hereby consent to participate in telehealth sessions -- including synchronous audio-video, synchronous audio-only, and/or asynchronous consultation as appropriate -- under the conditions described in this document.

☐ I hereby agree to the document above.

Name*

First Name:

Last Name:

Parent/Guardian name (if client is under 18)

Signature*

(This will require your client's signature)

Date*

