Northwell Health | Concorde Medical Group

Informed Consent for Telehealth Services During a Public Health Emergency

By virtue of my participation in this telehealth visit, I am consenting to receive care through telehealth. Telehealth is the use of electronic information and communication technologies by providers to deliver health care to patients at a distance.

I understand that any care provided to me through Northwell Health Inc.'s telehealth application ("the Northwell app") will incorporate security protocols to protect the privacy and security of my health information. If any other application is used to provide care to me, I understand that the technology may not contain appropriate security protocols to protect the privacy and security of my health information. My provider has explained to me the risks associated with the technology platforms that he or she is using to provide care to me. I acknowledge that there are potential risks associated with any technology used while obtaining care through telehealth, including, but not limited to, connectively interruptions, other technical difficulties, and unauthorized access by a third party to one's health information. Despite these risks, I agree to participate in the telehealth encounter.

I understand and agree that I or my healthcare provider may terminate a telehealth encounter at any time in the event of a technical malfunction.

I also understand that my location determines where medicine is being practiced. As a result, I will inform my provider where I am located at the time of my telehealth visit.

I understand that there may be costs associated with a telehealth visit. I agree that I am responsible for any fees associated with the telehealth services that I receive.

This Informed Consent for Telehealth Services During a Public Health Emergency will remain in effect solely during the term of the public health emergency.

By signing below I certify that:

I have read or had this form read and/or had this form explained to me;

I fully understand the contents of this document, including the risks and benefits of receiving telehealth services; and

I have been given ample opportunity to discuss any questions I may have regarding the telehealth services and that all of my questions have been answered to my satisfaction.

Patient/Agent/Surrogate/Guardian* (Signature):	Date:
Printed name of person signing this form:	Authority to sign on behalf of patient or relationship to patient (if applicable):

*The signature of the patient must be obtained unless the patient is an unemancipated minor under the age of 18 or lacks capacity to make medical decisions. In these cases the Agent, Surrogate or Guardian should sign.

Only for use when interpreter services are utilized for the completion of this form:

_____

Telephonic Interpreter's ID # Date/Time

OR

_____ _____

Signature: Interpreter Date/Time Print: Interpreter's Name and Relationship to Patient

_____ _____

Witness to Signature Print Witness Name