Consent Form:

Covenant Health Consent To Patient Home Telehealth Encounter

I. DESCRIPTION, PURPOSE AND BENEFITS

I have been informed that video conferencing equipment will be used to provide a telehealth encounter at home via real-time interactive services and also may include the use of certain technologies to collect images and data to assist in my evaluation, diagnosis and treatment. I also have been informed that the encounter will be somewhat different from an in-person patient encounter due to the fact that I will not be in the same room as my telehealth consulting provider but that I will have an opportunity to speak with the provider and ask questions.

I understand that my protected healthcare information also may be shared for scheduling and billing purposes as such information is shared for in-person visits.

I further understand that either my provider or I can discontinue the telehealth encounter at any time and for any reason including if it is determined that the videoconferencing connections are not adequate to assess my particular medical situation in which case I will be referred for an in-person evaluation.

II. LIMITATIONS AND RISKS ASSOCIATED WITH THE TELEHEALTH CONSULT

I understand that certain limitations exist with a telehealth encounter including a provider's ability to perform a comprehensive physical assessment and certain diagnostic tests, as well as to obtain and transmit certain clinical findings via video/audio. I further understand that telehealth is not suitable to provide a diagnosis and treatment plan for every medical condition. Additionally, the treatment of certain medical conditions may require the use of equipment not available in a telehealth encounter. For these reasons, my particular medical needs may require an in-person encounter with a clinician and/or the need to undergo certain laboratory or other diagnostic tests. The provider performing the telehealth encounter will inform me whether a telehealth encounter is sufficient to render a diagnosis and/or provide treatment recommendations, or if further evaluation of my medical condition is needed.

I understand that the usual and most frequent risks associated with this type of encounter include: (i) interruptions to Internet access and/or technical difficulties which may affect the clinical information obtained and transmitted or prematurely end the encounter; (ii) unauthorized access to the videoconferencing equipment which may result in a breach of my protected health information; (iii) patient utilization of a third party connection to participate in the telehealth encounter at home which may become insecure resulting in a breach of my protected health information; (iv) the presence of third parties in my home who may overhear the telehealth encounter which may result in a breach of my protected health information; and (v) the inadvertent transmission of images of third parties present in my home or of furnishings and personal possessions.

III. ALTERNATIVE COURSES OF TREATMENT

I understand that the alternative to a telehealth encounter is a visit to a healthcare provider for an in-person evaluation, diagnosis or treatment which may not occur as quickly as a telehealth encounter can be performed.

IV. BILLING FOR THE TELEHEALTH CONSULT

I understand that billing for this telehealth encounter will consist of a fee from the provider performing the telehealth encounter, and that billing statements will be mailed to me following the telehealth encounter with any remaining balances. If I have health insurance, I understand that I am financially responsible in the event that all or some payment is denied by my insurance carrier or other third parties who is responsible for payment. I also am responsible for those charges not covered by my insurance, such as deductibles, co-pays, or evaluations or treatment that are not included as an insurance benefit. This includes services rendered to me that may not meet medical necessity as defined by my insurance carrier.

I have read this document carefully, that I understand the limited nature, benefits, risks and alternatives to this telehealth encounter at home, and that I have had ample time to ask questions and to consider my decision. I understand that I will be asked to verbally consent at the time of my telehealth appointment, to participate in the telehealth services described herein for purposes of evaluation, diagnosis and treatment consistent with the limitations of the available technology and my particular medical condition.

Print Name_____ Signature_____

Date_____

COVENANT HEALTH
Our Name is Our Promise

Consent and Release: Interview, Photograph, Video Recording, and/or Media Postings

Today's Date_____

Project Description _____

Project Type

Covenant Health Sponsored Organization

☐Interview ☐Photograph ☐Video/Audio Recording

This form documents your permission for someone to interview, photograph, video record, and/or audio record you or someone for whom you have the legal right to make decisions. It could be that the local or national news media is interested in doing a story through a newspaper article, radio spot or television feature or it could be that Covenant Health or one of its related entities is interested in preparing a story, a brochure, a presentation, an advertisement or a website posting, including one or more of the Covenant websites. Third party media sites such as YouTube, Twitter, or Facebook may also be used.

1. I understand that I can say no to this request to be interviewed, photographed, video recorded and/or audio recorded and that saying no will not affect treatment, the cost of treatment, or benefits at Covenant Health sponsored organizations.
2. I understand that my name and/or the name of the person for whom I am legally able to make decisions may be used. I also understand that, depending on the nature of the project, picture/video images, voice recordings and details about diagnosis/treatment/hospitalization of me or the person for whom I make decisions may also be used.
3. I have been told how the interview information, photograph, video recording, and/or audio recording will be used and the purpose of the project.
4. I understand that I will not be paid now or later.
5. I give permission for these materials to be used for any and all legitimate purposes, including educating the public, fundraising, or promoting Covenant Health (including use on websites and in presentations) and for use by third party media companies.
6. I understand that the interview information, pictures, video recordings and/or voice recordings become(s) the property of the organization that creates and publishes such items and I give up all rights to these materials.
7. I understand that it is impossible to control the use of pictures, video recordings, audio recordings and interview information once these items are made public, and I understand that Covenant Health has no control over what others may do with them. Various postings may occur on internet websites including YouTube, Twitter, Facebook and so forth. These materials may continue to exist and be accessible in some form in the future.
8. By signing this consent, I release Covenant Health and its sponsored organizations from liability from any claims, costs, expenses and damages that might result from the interview information, photographs, video recordings and/or audio recordings being used.

Name of Person Being Interviewed, Photographed, and/or Recorded_____

Age_____ Address_____

Telephone Number_____E-mail Address_____

Relationship to Covenant Health __Patient __Resident __Employee __Provider ___Other: _____

Signature of Person Giving Consent_____

_____

If Providing Consent as an Authorized Representative, Print the Name of the Person being Interviewed, Photographed and/or Recorded

_____

Name of Staff Witnessing Consent Signature of Staff Witnessing Consent

This form is not intended to authorize the release of medical records and does not replace the "Authorization to Release Medical Records" forms in use at Covenant affiliate hospitals, subsidiaries or managed entities.

Rev. 11/17

COVENANT HEALTH

Our Name is Our Promise