

S&K Holistic Mental Health PLLC

Phone 509 854- 4120/FAX

www.skmhealth.com

Informed Consent

Telehealth involves the use of electronic communication to enable healthcare providers at different locations to share individual information for the purpose of improving patient care. Telehealth services also include remote monitoring, tele-pharmacy, prescription refills appointment scheduling, regional health information sharing, and non-clinical services, such as education programs, administration, and public health. S&K Holistic Mental Health PLLC may include primary care practitioners, specialists, and/or subspecialists. The information may be used for diagnosis and treatment to include but not limited to” medication management, therapy, health and wellness, follow-up and/or education, and may include any combination of the following: (1) patient medical records: (2) medical images: (3) live two-way audio and video: (4) interactive audio: and (5) output data from medical devices and sound and video files. Electronic systems are used to ensure its integrity against intentional or unintentional corruption. Primary responsibility for your medical care should remain with your local primary care doctor, if you have one, as does your medical record.

Expected Benefits

1. Improved access to medical care by enabling you to remain in your local healthcare site (i.e., home) while the provider obtains test results at distant/other sites.
2. More efficient medical evaluation and management.
3. Obtaining expertise of a specialist.

Possible Risks

1. Delays in medical evaluation and treatment could occur due to deficiencies or failures of the equipment and technologies.
2. IN rare events, the provider may determine that the transmitted information is of inadequate quality, thus necessitating a rescheduling telehealth consult or a face- to – face meeting with your local primary care doctor.
3. In very rare events, security protocols could fail, causing a breach of privacy of personal medical information.
4. In rare events, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgment errors.

By signing the “informed Consent, “document you acknowledge that you understand and agree with the following:

1. I hereby consent to receiving S&K Holistic Mental Health PLLC’s services via telehealth technologies or in person (face-to face). I understand that S&K Holistic Mental Health PLLC and its contracted providers offer telehealth or face – to – face services, but that these services do not replace the relationship between me and my primary care doctor. I also understand it is up to S& K

Holistic Mental Health PLLC to determine whether my needs are appropriate for a telehealth encounter.

2. I am knowledgeable about S&K Holistic Mental Health PLLC credentials.
3. I understand that federal and state laws require health care providers to protect the privacy and the security of health information. I understand that S&K Holistic Mental Health PLLC will take steps to make sure that my health information is not seen by anyone who should not see it. I understand that telehealth may involve electronic communication of my personal medical information to other medical professionals who may be in other areas, including out of state.
4. I understand there is a risk of technical failure during the telehealth encounter beyond the control of S&K Holistic Mental Health PLLC. I agree to hold harmless S& K Holistic Mental Health PLLC for delays in evaluation or for information lost due to such technical failures.
5. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment. I understand that I may suspend or terminate access to the services at any for any reason or for no reason **I understand that if I am experiencing a medical emergency, that I will be directed to dial 911 immediately and that S& K Holistic Mental Health may not be able to connect me directly to any local emergency services, unless in person.**
6. I understand that the alternatives to telehealth consultation, such as in-person services are available to me with other companies, and in choosing to participate in a telehealth consultation, I understand that some parts of the service involving physical test may be conducted by individuals at a testing facility, at the direction of a provider at S&K Holistic Mental Health PLLC. (e.g. labs or blood work).
7. I understand video images and audio recording of me may be captured and stored electronically.

I understand and consent to the use of these images and audio recordings for the health consultation, and potentially, evaluation, education, and training.
8. I understand that I may expect the anticipated benefits from the use of telehealth in my care, but that no results can be guaranteed or assured.
9. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes. People may be present during the consultation other than S&K Holistic Mental Health to operate the telehealth technologies. I further understand that I will be informed of their presences in the consultation and thus will have the right to request the following: (1) omit specific details of my medical history/examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telehealth examination: and/or (3) terminate the consultation at any time.
10. I understand that it is the provider's discretion to be prescribed any Drug Enforcement Agency controlled substances. There is not a guarantee that I will be given a prescription at all.
11. I understand that if I participate in a consultation, I have the right to request a copy of my medical records, which will be provided to me at a reasonable cost of preparation, shipping, and delivery.
12. I understand that in the event of any problem with the website or related services, I agree that my sole remedy is to cease using the website or terminate access to the services. Under no

circumstances will S&K Holistic Mental Health be liable in any way for the use of telehealth services, including but not limited to, any errors or omissions in content or infringement by any content on the website of any intellectual property rights or other rights of third parties, or for any loss or damages of any kind arising directly or indirectly out of the use of, inability to use, or the results of use of the website, and any website linked to the website, or the materials or information contained on any or all such websites, I agree that I will not hold S&K Holistic Mental Health liable for any punitive, exemplary, consequential, incidental, indirect or special damages (including, without limitation, any personal injury, lost profits, business interruption, loss of programs or other data on my computer or otherwise) arising from or in connection with your use of the website whether under a theory of breach of contract, negligence, strict liability, malpractice or otherwise, even if we or they have been advised of the possibility of such damages.

13. I understand that S&K Holistic Mental Health makes no representation that materials on this website are appropriate or available for use in any other location. I understand that if I access these services from a location outside of the United States, that I do so at my own risk and initiative and that I am ultimately responsible for compliance with any laws or regulations associated with my use.

Name _____ Date _____

Signature _____ Date _____