



Informed Consent for Telemedicine Services

I understand that telemedicine is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to Grand Health Partners providing health care services to me via telemedicine. I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine. As always, your insurance carrier will have access to your medical records for quality review/audit.

I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my 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 Kirk Bart at 616-956-6100. As long as this consent is in force (has not been revoked), Grand Health Partners may provide health care services to me via telemedicine without the need for me to sign another consent.

I acknowledge that neither Grand Health Partners nor the Provider(s) have made any representations, warranties, or guarantees as to the results or cures to me, and I have not relied upon any such representations, warranties, or guarantees. I understand that I can get medical care from other sources, including standard face-to-face visits at my doctor's office. I freely consent to the provision of the forthcoming services.

I understand that Video Visits use basic video (visual) and audio (sound) computer technology to provide care. I agree to hold Grand Health Partners and their employees, agents and affiliates harmless for information lost or distorted due to technical failures. I understand that I may contact GHP with any additional questions or concerns between visits.

I understand that a facility fee will apply to electronic visits, which may or may not be covered by my insurance company or other third-party payers. If my insurance company or third party payer does not pay for an electronic visit, I understand that **I am responsible for paying for the Video Visit.**

GHP providers are able to prescribe a wide range of drugs via Telemedicine, which can be useful for several medical conditions. Please note that GHP providers do not prescribe narcotics or pain medications that have been designated as U.S. Controlled Substances as a Schedule I, II, III or IV drug.

I understand that should my condition be identified as urgent or severe in nature during the Telemedicine visit, that a variety of alternative methods of medical care may be available to me including, Face-to-Face Office Visit, Urgent Care or the local Emergency Room.

I understand that it is my duty to inform my provider of electronic interactions regarding my care that I may have with other healthcare providers.

Patient Name

Date of Birth

Signature of Patient

Date