



Telehealth Informed Consent

Dominion Orthopaedic & Spine offers Telehealth as an option for health care. Through telehealth, you can consult with your Dominion healthcare provider virtually, from your home or another location of your choice. Your health and medical information are considered sensitive, private and are afforded protection under the law. Dominion is committed to complying with all HIPAA Security Rule safeguards as it relates to your electronic protected health information.

Patient Name:

Patient Date of Birth:

Please indicate your understanding by checking each box below

I hereby authorize Dominion Orthopaedic & Spine to use the telehealth communication platform for evaluating, testing, and diagnosing my medical condition.

I understand that technical difficulties may occur before or during the telehealth sessions and my appointment may not be started or ended as intended.

I understand that if I choose to allow another person to observe my visit, I must provide verbal consent at the time of visit or the name of the person attending must be listed on a current Authorization for Release and Disclosure of PHI form.

I accept that the professionals can contact interactive sessions with video call; however, I am informed that the sessions can be conducted via regular voice communication if the technical requirements such as internet speed cannot be met.

I understand that my current insurance may not cover the additional fees of the telehealth practices and I may be responsible for any fee that my insurance company does not cover.

I agree that my medical records on telehealth may be kept for further evaluation, analysis and documentation, and in all of these, my information will be kept private.

I understand that Dominion reserves the right to affect the No Show/Cancellation Policy to Telemedicine visits.

Patient Signature:

Date:

Patient Representative:

Date: