

Save Your Sole Foot & Ankle Specialists

Emily Webb, DPM Evie Plummer, DPM Tucker Worthen, DPM

1927 Wilmington Dr., Suite 102
Fort Collins, CO 80528
(970) 416-9009 Fax (970) 416-9010

1220 W. Ash St., Suite A
Windsor, CO 80550

Telehealth Informed Consent

Telehealth is healthcare provided by any means other than a face-to-face visit. In telehealth services, medical information is used for diagnosis, consultation, treatment therapy, follow-up, and education. Healthy information is exchanged interactively from one site to another through electronic communications. Telephone consultation, videoconferencing, transmission of still images, e-health technologies, patient portals, and remote patient monitoring are all considered telehealth services.

I understand that telehealth involves the communication of my medical health information in an electronic or technology-assisted format. I understand that I may opt out of the telehealth visit at any time. This will not change my ability to receive future care at this office. I understand that telehealth services can only be provided to patients, including myself, who are residing in the state of CO at the time of this service.

I understand that telehealth billing information is collected in the same manner as a regular office. My financial responsibility will be determined individually and governed by my insurance carrier(s). It is my responsibility to check with my insurance plan to determine telehealth coverage. When my insurance “authorizes” or “covers” a service, it does not guarantee my insurance will pay. ***I understand it is my ultimate responsibility for payments to my account.***

I understand that all electronic medical communications carry some level of risk. These risks include but are not limited to:

- * It is easier for electronic communication to be forwarded, intercepted, or even changed without my knowledge and despite taking reasonable measures.
- * Electronic systems that are accessed by employers, friends, family or others are not secure and should be avoided. It is important for me to use a secure network.
- *Despite reasonable efforts on the part of my healthcare provider, the transmission of medical information could be disrupted or distorted by technical failures.

I understand that Cisco Webex or a similar service may not provide a secure HIPAA-compliant platform, but I willingly and knowingly wish to proceed.

I have read and understood above upon signing below.

Print name

Signature

Today's date