

BEHAVIORAL PEDIATRICS of Rural Georgia



Telehealth Informed Consent Form

PATIENT NAME: _____

DATE OF BIRTH: _____

1. PURPOSE: The purpose of this form is to obtain your consent to participate in a telehealth care provided by Behavioral Pediatrics of Rural Georgia.
2. NATURE OF TELEHEALTH CONSULT: During the telehealth care:
 - a. Details of your medical history, examinations and test will be discussed with you or other health professionals through the use of interactive video, audio, and telecommunication technology.
 - b. A physical examination of you may take place.
 - c. A non-medical technician may be present in the telehealth studio to aid in the video transmission.
 - d. Video, audio and/or photo recordings may be taken of you during the procedure(s) or service(s)
3. MEDICAL INFORMATION & RECORDS: All existing laws regarding your access to medical information and copies of your medical records apply to this telehealth care. Please note, not all telecommunications are recorded and stored. Additionally, dissemination of any patient- identifiable images or information for this telehealth interaction to researchers or other entities shall not occur without your consent.
4. CONFIDENTIALITY: Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telehealth care, and all existing confidentiality protections under federal and Georgia state law apply to information disclosed during this telehealth care.
5. RIGHTS: You may withhold or withdraw consent to the telehealth care at any time without affecting your right to future care or treatment or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
6. DISPUTES: You agree that any dispute arising from the telehealth care will be resolved in Georgia, and that Georgia law shall apply to all disputes.
7. RISKS, CONSEQUENCES & BENEFITS: You have been advised of all the potential risks, consequences and benefits of telehealth. Your health care practitioner has discussed with you the information provided above. You have had the opportunity to ask questions about the information presented on this form and the telehealth care. All your questions have been answered, and you understand the written information provided above.

I agree to participate in a telehealth consultation/care for the procedure(s) described above.

I understand that the patient must be in the State of Georgia during Telehealth Services.

Signature: _____

Today's Date: _____ Time: _____

Relationship to Patient: (mom, guardian, etc.) _____

Client Gmail address: _____

Witness Signature: _____ Date: _____

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Telemedicine Rules

- 1) Signed, dated and timed Consent Form must be received by noon the day before the appointment.
- 2) Copays must be paid via credit card over the phone.
- 3) Parents must call their commercial insurance company to inquire if a copay or coinsurance is due. Parents must provide a reference number if no copay is required.
- 4) Video chat is required for med check appointments.
- 5) The patient must be present for med check appointments.
- 6) ADHD med check telemedicine appointments are only available to stable patients (no changes for 6 months).
- 7) Video chat will use Google Hangouts. A Gmail account is required.
- 8) Parent must video chat with a staff member prior to appointment to confirm they are able “to Hangout”.
- 9) Music, television, and other electronics must be turned off to reduce background noise.
- 10) Telephone appointments are available for visits that are typically scheduled as parent-only.
- 11) Services provided by Kyleah, Layna or others working under the supervision of Dr. Zeanah require telephone or video chat with Dr. Zeanah as scheduled.
- 12) Not answering a call or video chat invitation is the same as No Showing an in person visit.

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How to Electronically Sign our Telehealth Consent Form

For iPhone:

- Save Telehealth Informed Consent Form to photos as an image
- Open pictures application and select the form image
- Press the edit button
- Press the button for more options. It will probably be labeled with 3 dots.
- A pop-up for options will appear, select the icon labelled as markup
- Select the pen tool on the bottom left corner
- Adjust the color to black to ensure it appears on the document
- Sign, date and write the time on the document electronically and press done in the upper right to save the signature
- Email or text the image to receptionist.BPRG@gmail.com

For Android:

- Steps vary based on model of phone
- Save the Telehealth Informed Consent form to photos
- Open image in photos application
- Select edit the image
- Find the pen tool
- Adjust font size to a small point
- Sign, date and write the time on the document electronically and save the changes made to the document
- Email or text the image to receptionist.BPRG@gmail.com