

**Missouri State University
Bill and Lucille Magers Family
Health and Wellness Center**

Patient Name: _____ **Date of Birth:** _____
(Type/Print-Last name, first name, middle initial)

PURPOSE: This form obtains your consent to participate in telemedicine care, also known as “Telehealth” services. Telehealth is the delivery of health care services using two-way video, and/or phone, and/or electronic exchange of information and communication. Since this is different than in-person health care services you may typically receive, it is important for you to understand and be aware of and comfortable with the benefits and possible risks. For your Telehealth visit, a Magers Health and Wellness Physician or other Provider will communicate using phone and/or video and/or electronic transmissions. They will have access to your medical records while you are being treated. This will enable your provider to determine an appropriate treatment plan for your condition. Participating in this Telehealth program will give you access to your provider without having to travel to your provider’s office, for inpatient/outpatient care.

Some possible risks associated with the use of Telehealth services include, but may not be limited to:

- Instances in which the electronic information may not be sufficient for appropriate medical decision making by the provider.
- Equipment issues, which could cause delays in your medical evaluation and treatment.
- Security measures could fail, possibly exposing your privacy and your personal medical information.
- Finally, in some cases, Telehealth services may not be as complete as in-person services, and if your provider believes an in-person visit is necessary, he or she may recommend that you schedule an in-person visit.

It is important that you understand and agree to the following statements:

1. I understand that engaging in a telemedicine visit with my health care provider at Magers Health and Wellness is optional. I have the right to discontinue this service at any time. I further understand that in place of telehealth services, I may request a face-to-face visit with my health care provider. Also, my health care provider may determine that due to certain circumstances, telehealth is no longer appropriate and that I should have in-person evaluation or referral.
2. I have been informed and understand the alternatives to the Telehealth services that are available to me and give my consent to proceed with Telehealth services.
3. I understand that my provider will be at a different location from me. I understand that a telemedicine visit will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as the consulting health care provider and the provider will not be able to physically examine me.
4. I understand that the video portion of the telehealth service will not be recorded if video is used.
5. I understand that I have the right to request a copy of this informed consent and upon request it will be provided to me.
6. I understand there is a possible risk of an incomplete or ineffective visit due to technological issues, and that if any of the technological issues occur, the visit may end. The technological issues include but are not limited to: a) failure, interruption or disconnection of the audio/video/electronic connection; b) a phone/picture/electronic connection that is not clear enough to meet the needs of the visit; and/or c) a risk of access to the visit through the interactive connection by electronic tampering.
7. I understand that my provider or I can stop the telemedicine visit if the telehealth connections are not adequate for the situation.
8. A professional charge will be made for your Telehealth visit.
9. It is important for you to use a secure internet connection and secure passwords. Do not use unsecured Wi-Fi or public or free Wi-Fi.
10. Be on time for your visit. Notify Magers at least 1 workday before a scheduled Primary Care visit, if you need to cancel or re-schedule. Notify Magers at least 3 workdays before a scheduled Consultant visit, if you need to cancel or re-schedule.
11. Use a location that is private and free from distractions and intrusions.

12. How to handle a disconnection or interruption to the session:

A- If the session is interrupted for any reason, such as technological connection failures, and you have an emergency, including having suicidal thoughts or making plans to harm yourself or others, then immediately call 911, call the 24 hour National Suicide Prevention Hotline 1-800-273-8255, and/or immediately go to the emergency room.

B- If the session is interrupted and you are not having an emergency, disconnect from the session. Your Provider will call you back within five minutes via the platform you were using. If you do not receive a call back, then call the main office number 417-836-4000 for assistance.

ACKNOWLEDGEMENT & CONSENT: I have read and understand this consent. I have been given an opportunity to ask questions and all of my questions have been answered to my satisfaction. The risks, benefits, and alternatives of the Telehealth visit have been explained to me and I hereby consent to participate in Telehealth services as described in this document during this course of treatment.

Signature of Patient

Date

Or Signature of Person Authorized to Consent for Patient/ Relationship to Patient

Date