**Virtual and Electronic Services – Patient Acknowledgment and Consent**

In Harmony Wellness may provide certain services through Electronic Service Delivery when the provider and you are not located in the same place at the time of service.

Electronic Service Delivery means telehealth services provided electronically or through other remote telehealth technology, but does not usually include services provided by telephone. (During the COVID-19 pandemic, insurance companies are temporarily allowing telephone services, but this is likely time-limited).

Your provider will determine whether your condition being diagnosed or treated is appropriate for telehealth. If you would like an alternative option to telehealth services, you may schedule an in-person appointment. You understand that you must be physically located in Virginia at the time of telehealth service (During the COVID-19 pandemic, SOME insurance companies are temporarily allowing services in other states. Please check with your insurance provider). You agree to notify your provider in advance if you will be outside of Virginia during a scheduled visit so that such visit may be rescheduled as necessary.

**IN HARMONY WELLNESS DOES NOT OFFER EMERGENCY SERVICES THROUGH TELEHEALTH TECHNOLOGY, AND IN THE CASE OF AN EMERGENCY, YOU SHOULD CALL 911 OR YOUR LOCAL EMERGENCY SERVICES OR SEEK ASSISTANCE FROM THE NEAREST EMERGENCY DEPARTMENT**.

There are limitations with receiving services via telehealth because certain services cannot be provided or performed remotely, and there is no guarantee that diagnosis or treatment via telehealth will be possible. Further, you may have to travel to see a provider in-person for certain diagnosis and treatment matters. If you need to communicate with your provider between scheduled appointments or after normal working hours, then you may call the office at 757-606-1377 and leave a message. Your provider will generally respond within 1-3 business days, although in some circumstances the response may take longer.

Since telehealth services involve a provider who is at a site remote from your location at the time of the service, telehealth often involves the transmission of video, audio, images, and other types of data. There is a potential risk to the confidentiality of your information due to the use of remote telehealth technology and the associated transmission of data. Use of telehealth services will require you to have access to a computer or device with internet access that has compatible hardware and software for the telehealth platform to

be used. There is a risk of a sudden and unpredictable disruption of telehealth services or other technology failure, and in the event of such disruption or failure, your provider may attempt to re-establish another means of providing telehealth services or may recommend that you schedule an in-person visit.

There are privacy and security risks associated with entering your private information when using a public access computer or shared network and you may want to avoid using auto-fill user names and passwords. You should also consider your employer’s policies related to use of work computers for personal communications. If you send health information via email or otherwise communicate with your provider via email, you understand and agree that your message may be sent in an unencrypted email. An unencrypted email means there is a risk that the information in the email and any attachments could potentially be read by a third party when it is sent through the internet.

Telehealth services are considered a new technology. Some insurance companies may not cover telehealth services. It is advised that you contact your insurance carrier to ensure coverage, otherwise telehealth services may be an out-of-pocket expense for you. You also may be responsible for data usage or other charges from your internet service provider or cellular carrier.

By signing below, you are indicating that you have reviewed this document regarding virtual and electronic services and that you acknowledge and consent to the terms and information described above. You have had an opportunity to discuss this document with your provider and may discuss this document or questions related to this document at any time with your provider. You understand that you may discontinue your participation in virtual and electronic services at any time by notifying your provider or ending your telehealth visit. You agree that this document shall remain in effect for as long as you participate in virtual and electronic services.

Please sign below as indicated:

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