Telehealth Informed Consent and Billing Authorization Form

Please read this document carefully. Fill out all the required fields, and sign the document below to authorize telehealth services and billing. This form is prepared for your records and for print.

1. Patient Information

Patient Full Name:

Date of Birth (MM/DD/YYYY):

Phone Number:

Email Address:

Street Address:

City, State, Zip Code:

2. Telehealth Informed Consent

Telehealth involves the use of electronic communications to enable healthcare providers at different locations to share individual patient medical data for the purpose of improving patient care. By signing this form, I understand and agree to the following:

- I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment.
- The laws that protect the confidentiality of my medical information also apply to telehealth.
- There are potential risks associated with telehealth, including technical interruptions or security breaches despite reasonable safeguards.
- Alternative methods of care (such as in-person visits) are available, and I am choosing telehealth voluntarily.

3. Billing and Financial Authorization

I authorize the release of any medical or other information necessary to process health insurance claims for services rendered during telehealth sessions. I also authorize payment of medical benefits directly to the healthcare provider. By signing below, I acknowledge that:

- I am financially responsible for all charges, including co-pays, deductibles, or any portion not covered by my insurance provider.
- I agree to provide accurate and updated insurance information.

4. Insurance Information

Insurance Provider Name:

Policy / Member ID Number:

Group Number:

Policy Holder Name:

5. Acknowledgment and Signature

By signing below, I certify that I have read, understood, and agree to the terms of this Telehealth Informed Consent and Billing Authorization.

Patient or Authorized Representative Signature:

Relationship to Patient (if applicable):

Date (MM/DD/YYYY):