



BETTINA SCHULER  
M.S., L.A.C.

## INFORMED CONSENT FOR TELEHEALTH

I understand that telehealth is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to Bettina Schuler L.Ac. providing health care services to me via telehealth. The information may be used for diagnosis, follow-up and/or education and may include patient records, medical images and live two-way audio and video.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth. Electronic systems used will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against unintentional or intentional corruption.

As always, your insurance carrier will have access to your medical records for quality review or audit if you are filing a claim to receive reimbursement for these appointments. I understand that I will be responsible for any copays or coinsurances that apply to my telehealth visit.

I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting Bettina Schuler. As long as this consent is in force (has not been revoked) Bettina Schuler may provide health care services to me via telehealth without the need for me to sign another consent form.

Patient Name or Patient Representative: \_\_\_\_\_

Signature of Patient or Patient Representative: \_\_\_\_\_

Date of Consent: \_\_\_\_\_