***How To Complete Form:*** *Please fill in all yellow sections. Once completed you may either fax us the form at 503-653-1464 or email a copy of your form.*

**Informed Consent for Telemedicine Services**

I understand that telehealth (real-time audio/video teleconference session) is the use of electronic communication by a therapist of prescriber to deliver services when they are located at a different site than the patient; and **I hereby consent to Sundstrom Clinical Services (SCS) providing healthcare services to me via telehealth.** The laws that protect privacy and the confidentiality of medical information also apply to telemedicine.

I understand that all SCS policies previously agreed to remain in effect. I also understand that:

* Copayments and other fees are due **prior to services** and are the same as an in-office visit for the type and length of service provided. These fees will be made via a credit card on file, portal payment, or phoned in to SCS 30 minutes before the telemedicine visit begins.
* I will be responsible for any charges that apply to my telehealth visit. In most cases this is the same cost as face-to-face sessions, although it is my responsibility to verify payment with my insurance carrier.
* I, not the provider, am responsible for providing and configuring any electronic equipment used and ensure proper functioning for telehealth services **before my session begins**.
* I have the right to remove my consent to the use of telehealth either orally or in writing at any time, without affecting my right to future care or treatment. So long as this consent is in force (has not been revoked) my provider may offer health care services to me via telehealth platforms without the need for me to sign another consent form.
* SCS will contact me through a secure, HIPAA compliant electronic platform. I also understand that it is my responsibility to choose a location, a time, a network and a device that maintains my privacy and prevents interruption during a telehealth session.
* My provider retains the right to determine if telehealth services are appropriate for treatment and may decline telehealth services at any time or require an in-person session for continuity of care. Similarly, in cases of connection failure, services may be discontinued, or phone services may be utilized.
* I understand that prescriptions will be sent via electronic prescribing, mailed, or picked up at the West Linn Office.

Name of consenting party: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Annual Consent For Credit Card on File**

I authorize Sundstrom Clinical Services to keep my credit card signature on file beginning on

Date: \_\_\_\_\_\_\_\_\_\_ and ending on: \_\_\_\_\_\_\_\_\_\_ (*typically 1 year)*

I agree that charges will not exceed the amount of: $ \_\_\_\_\_\_ *($500 is customary)*

Last four digits of Credit card: \_\_\_\_\_\_\_\_

Date of expiration: \_\_/\_\_\_\_\_\_ and Security Code: \_\_\_\_\_\_

**I understand I will have to call SCS to provide them with the full valid credit card number that applies for this consent.**

I agree that Sundstrom Clinical Services may charge my credit/debit card for charges related to all transactions during the stated time, up to the charge limit listed per transaction. I understand I may withdraw this consent at any point in time by making alternate payment arrangements for services, in particular telehealth services.

Name of signatory for credit card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On behalf of patient: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doxy.me Instructions and Requirements**

The morning of your telehealth session you will get an email from your provider with your appointment time and the link for their web-waiting room. **15 minutes before your appointment** time simply click on the link, enter your first name to check in, enable your microphone and wait until your provider can join you. In the event doxy does not work, we will default to a phone session with your provider.

You will NOT have to create a membership or download any app. HOWEVER, you will have to use a supported browser which includes: **Google Chrome, Mozilla Firefox and Safari (NOT edge or explorer). You CAN use a computer or a smartphone—although you may not be browsing in “Private mode” in order for doxy to work.** Be patient when it looks like nothing is happening on your screen…occasionally there can be a lag of a minute or two.

Sometime **prior to your session, we recommend that you check into our general demo waiting room** at <https://doxy.me/scsllc>. (THIS IS NOT YOUR LOGIN FOR YOUR PROVIDER BUT SIMPLY A TEST ROOM) You can do this AT ANY TIME. Once you see that you are “in the waiting room” you will be able to see your video feed and it will say Dr. SCS is offline. You can then disconnect by closing your browser. If you are having trouble you can call our front desk for **trouble shooting assistance at: 503-653-0631**.

Below is a YouTube video link and an infographic on how to connect through Doxy.me: <https://www.youtube.com/watch?v=yJf9N9sjDLI>.

