Advanced Orthopedic Specialists, P.C.

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Telehealth Consent Form

This form describes the terms and policies you are agreeing to, with regards to a Telehealth visit with a provider at Advanced Orthopedic Specialists, P.C. of Brighton, Michigan ("AOS").

By using our telehealth portal (Doxy.me), I am agreeing to receive telehealth services. These include the delivery of health care services, including assessment, treatment, diagnosis, and education, using video chat technology allowing for my provider and I to see and hear each other during the visit, despite the fact that we are in physically separate locations.

I understand and agree that:

I will not be in the same location or room as my medical provider.

My provider is licensed in the State of Michigan, in which I am receiving services.

Benefits of telehealth (which are not guaranteed or assured) include: access to medical care if I am unable to travel to my provider's office; more timely evaluation and management; and reduced exposure to patients, medical staff and other individuals at a physical location during the COVID-19 pandemic.

Potential risks of telehealth include: limited ability of my provider to conduct a hands-on physical examination of me, which may result in misdiagnosis; limited or no availability of diagnostic testing; technical difficulties or interruptions, distortion of images resulting from electronic transmission issues; confidentiality risks or unauthorized access to my information; or loss of my information due to technical failures. I will not hold Advanced Orthopedic Specialists responsible for lost information due to technological failures. I will take all appropriate steps to ensure the confidentiality of my visit with the AOS provider and protect my health information including: finding a private area to have the telehealth visit, ensuring that the security on my device is up to date, and using updated encryption methods as provided by the telehealth platform. I understand that AOS will take similar steps to protect my health information, but that despite the best efforts of both parties, electronic transmissions of this sort may be intercepted by another party.

I understand that my telehealth appointment is not being recorded by AOS and that its providers will document the visit in my electronic chart at AOS, as they would with any in-person visit. I agree not to record the telehealth visit by any means (audio, video, screen capture) with my AOS provider without the express consent of the provider with whom I am consulting.

I further understand that my AOS provider's advice, recommendations, and/or decisions may be based on factors not within his/her control, including incomplete or inaccurate data provided by me. I will provide information about my medical history, condition(s), and current or previous medical care that is complete and accurate to the best of my ability.

I have had a chance to discuss these risks/benefits with the AOS administrative staff who helped me make my telehealth appointment and have had the opportunity to ask questions. I may discuss these risks and benefits with my AOS provider as well. I have the right to withdraw this consent to telehealth services or end the telehealth session at any time without affecting my right to future treatment by AOS.

I have the right to receive face-to-face medical services at any time by making an appointment with my provider. If my provider feels I would be better served by an in-person visit at the conclusion of my telehealth session, he/she will advise me to make an appointment as appropriate, whether it be with an AOS provider, an outside consulting physician, or emergency room/urgent care facility.

In case of an emergency, I will dial 911 or go directly to the nearest hospital emergency room.

The payment policy in effect for telehealth is the same for any other service provided by AOS to me. AOS will bill my insurer accordingly and I will be responsible for copays and deductibles, as with any other in-person visit; although, these may be waived by my insurance carrier. I agree to promptly remit payment for these services, within 60 days of the date of service. I understand that while AOS will make every effort to coordinate with my insurance company and the benefits it provides, ultimately the payment for services delivered by AOS is my personal responsibility. AOS reserves the right to deny non-emergency services if my account is delinquent.

I understand that this consent document does not nullify nor replace other consent documents I may have also signed with AOS, including its general consent to treatment, payment, and privacy policy documents, and is intended to augment these other agreements.

By signing below, I understand and agree that I am signing this Consent electronically and that I have reviewed, understand and accept the risks and benefits of telehealth services as described above and wish to receive such services; and, I agree to the remaining terms of this Consent. If I choose to decline to agree to this Consent, I will cancel my telehealth appointment and schedule an in-person visit, if I wish. If I am signing on behalf of a minor, incapacitated or otherwise legally dependent patient, I certify that I am a person with legal authority to act on behalf of the patient, including the authority to consent to medical services, and I accept financial responsibility for services rendered.