



## The Being Well Center

### Guide-U Telemedicine Participant Consent Form

I, \_\_\_\_\_, agree to participate in the Being Well Center's telemedicine healthcare services, Guide-U Counseling, and Medical Consultation appointments. I understand that the healthcare professional providing these services will be located in another physical location than where I may be and that this will not be a face-to-face visit.

A Guide-U service means that my visit with a member of the BWC Staff will take place utilizing video conferencing technology including using the appropriate hardware and software. This consent is valid until treatment is terminated either by myself/parent/guardian or one of The Being Well Center Medical Directors.

I understand that regular in office visits are the standard of care at The Being Well Center. Guide-U services do not replace regular follow-up counseling, medication review visits, and follow-ups, rather they are provided to maintain or improve quality of medical care in certain special circumstances. Guide-U services are only available upon approval by The Being Well Center Medical Directors and/or Case Coordinators.

Criteria that may indicate a need for these services **after** an initial face-to-face evaluation at The Being Well Center include, but are not limited to:

- Providing continuity of care to long-distance patients and selected college students when they are unable to come to our offices.
- Facilitating continued involvement with the BWC of long term patients who have relocated to other parts of the country and who are either unable to find equivalent care or choose to maintain continuity of care with the BWC.
- Providing continued access to the BWC's services for those patients who have special circumstances/barriers (i.e., travel arrangements, weather conditions, patient's overall physical condition, etc.) that stand in their way of physically coming to the BWC.
- Addressing other extenuating circumstances on an individualized basis pending approval by the BWC Medical Director(s).

Requirements to participate/continue in Guide-U services:

- Have a valid credit card on file to charge for agreed upon services or prepay prior to the service.
- Keep scheduled appointments on time. Failure to comply with appointment times may result in rescinding the privilege to participate in the Guide-U Services.

Telemedicine Confidentiality, Protected Health Information (PHI), and other Agreements

- The same confidentiality protections that apply to other aspects of medical care also apply to telemedicine services.

- The provider of services at the BWC and I will mutually inform each other at the time of service if any other parties are present and we each will have the opportunity to accept or reject such presence.
- I will be responsible for arranging a quiet location, free of distractions when I participate in a scheduled Guide-U visit. I understand that I am responsible for establishing an appropriate environment that ensures proper privacy of my/my child's health information.
- The provider of services at the BWC may request that a parent, guardian, or significant other be present at time of my/my child's Guide-U visit.
- Guide-U transmissions should utilize acceptable software, hardware, and internet bandwidth, etc. in accordance with Skype's requirements
- A copy of this consent will be placed in my/my child's medical record

I understand that if, for whatever reason, I am unable to reach the staff member at my scheduled appointment time, it is my responsibility to contact 724-443-4120, Option 2, and request confirmation of the appointment time and/or to resolve any confusion that might have resulted in the missed appointment.

I have read this document carefully, and my questions have been answered to my satisfaction. I have received a copy of Guide-U instructions.

Print Name of Patient \_\_\_\_\_

Signature of Patient \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Staff member obtaining consent \_\_\_\_\_ Date \_\_\_\_\_

My contact information for Guide-U visit(s):

\_\_\_\_\_  
 \_\_\_\_\_

I have been offered a copy of this consent form (patient's initials) \_\_\_\_\_

Please send a copy of this signed form to: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_