# AUTHORIZATION AND CONSENT TO PARTICIPATE IN TELEMEDICINE CONSULTATION

The purpose of this form is to obtain your consent to participate in telemedicine consultations with the following Naturopathic Physician: Samantha LeVine, ND.

Please sign and email back to drsam@docerenaturopathicwellness.com or fax to 503-281-7167

Dr. Samantha LeVine received her doctorate in naturopathic medicine from National College of Natural Medicine and is licensed in the state of Oregon (license number 1242). She is the sole owner of Docere Naturopathic Wellness, LLC

1. **Oregon Residence.** Residence within the state of Oregon is required for telemedicine consultations with Dr. Samantha LeVine.
2. **Definition.** Advances in technology have resulted in new approaches in the delivery of medical care, including those in which the physician and patient are not in the same physical location, but interact using technology. These new approaches are referred to as Telemedicine.
	1. **Synchronous/Live Communication:** Live real-time audio/video communication through interactive technology that enables a patient and a doctor who are separated by distance to interact simultaneously.
	2. **Doctor-Patient Relationship:** The relationship between a provider of naturopathic medical services (Doctor) and a receiver of naturopathic medical services (Patient) based on mutual understanding of their shared responsibility for the patient’s health care.
		1. The relationship is established when the Doctor **agrees** to undertake diagnosis and/or treatment of the Patient and the Patient **agrees** that the Doctor will diagnose and/or treat, whether or not there has been or is an in-person encounter between the parties.
		2. Not all patient situations will be appropriate for Telemedicine.
	3. **Risks, Consequences, Emergency Plan.** The telemedicine consultation will be similar to a routine medical office visit, except interactive video technology will allow you to communicate with a physician at a distance. At first you may find it difficult or uncomfortable to communicate using video images. The use of video technology to deliver healthcare and educational services is a new technology and may not be equivalent to direct patient to physician contact. Following the telemedicine consultation, your Doctor may recommend a visit to a hospital, urgent care, or your primary care physician for further evaluation.
	4. **Benefits.** Benefits of telemedicine include: facilitating care to patients unable to attend office visits in person**,** reducing the expenses of traveling to see a physician/specialist, and expanding patients’ accessibility to healthcare services, among other benefits.
	5. **Originating Site / Location of Patient for Telemedicine Services:** Some states or insurances place restrictions on where the patient can receive virtual care. Oregon Medicaid, for example, does limit where the patient can be at the time of care, but offers more flexibility by including the patient’s home.
3. **Confidentiality.** Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation. All existing confidentiality protections under federal and Oregon State law apply to information disclosed during this telemedicine consultation.
	1. **HIPAA Compliance:**
		1. HIPAA (Health Insurance Portability and Accountability Act of 1996) is United States legislation that provides data privacy and security provisions for safeguarding Protected Health Information (PHI).
		2. Medical professionals who wish to comply with the HIPAA guidelines on telemedicine must adhere to rigorous standards for such communications to be deemed compliant.
		3. The HIPAA guidelines on telemedicine are contained within the HIPAA Security Rule and stipulate:
			1. Only authorized users should have access to electronic Protected Health Information (ePHI).
			2. A system of secure communication should be implemented to protect the integrity of ePHI.
			3. A system of monitoring communications containing ePHI should be implemented to prevent accidental or malicious breaches.
		4. The videoconferencing platform that is being used by Dr. Samantha LeVine is HIPAA-compliant.
	2. **Medical Information and Records.** All existing laws regarding your access to medical information and copies of your medical records apply to this telemedicine consultation. Additionally, dissemination of any patient-identifiable images or information from this telemedicine interaction to other entities shall not occur without your consent, unless authorized under existing confidentiality laws.
4. **Rights.** You may withhold or withdraw consent to the telemedicine consultation at any time without affecting your right of future care or treatment, or risking the loss or withdrawal of any insurance program benefits to which you would otherwise be entitled. You have the option to consult with the Naturopathic Physician in person if you travel to her location.
5. **Nature of Telemedicine Consultation**: During the telemedicine consultation:
	1. Details of you and/or your child’s medical history, examinations, imaging results, and/or lab tests will be discussed through the use of interactive video, audio and telecommunications technology.
	2. Physical examination of you or your child may take place.
	3. Non-medical technical personnel may be present in the telemedicine location to aid in video transmission or physical exam if origination location of patient is in a medical facility.
	4. Video, audio, and/or digital photo may be recorded during the telemedicine consultation visit.
	5. Individualized, integrative treatment plan is discussed.
6. **Prescriptions.**  Oregon providers who prescribe medications via a Telemedicine encounter have to follow the same guidelines as for in-person care. This means conducting a patient evaluation, gathering their history and any other information needed to make a diagnosis.
7. **Financial Agreement.** You and/or your insurance company will be billed for this visit. All physicians are in negotiation with insurance companies for parity for telemedicine needs due to COVID-19. Dr. Sam deeply desires to be able to continue to provide medical care during this pandemic and is open to negotiating non-covered costs for visits performed via telemedicine with her clients. Feel free to express any questions or concerns via email or phone at any time regarding this topic. We should know more as time proceeds about covered visits and each insurance company. Thank you for your patience at this time.

*I have been advised of some of the potential risks, consequences and benefits of telemedicine. My health care practitioner has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I understand the written information provided above.*

**Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Patient (or person authorized to give consent)

**Date**: \_\_\_\_\_\_\_\_\_\_

# If signed by person other than patient, provide relationship to patient:

**Witness**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date**: \_\_\_\_\_\_\_\_\_\_