KootenaiHealth

TELEHEALTH CONSENT FORM

Patient Name: _____

Date of Birth: _____

Medical Record Number: _____

Location of patient (Designated Location): Kootenai Behavioral Health, 2301 N. Ironwood Pl., Coeur d'Alene, ID 83814

Provider performing services: Dr. Lauren Boydston, MD

States in which provider is licensed: Idaho, Washington

Provider location: Seattle, WA

Provider contact number: 208-625-4800

While at the above Designated Location, you may have a clinical visit using video conferencing technology. You will be able to see and hear the doctor, and the doctor will be able to hear and see you, just as if you were in the same room. Although not physically present on the unit, the Provider will coordinate closely with nursing staff and other providers to provide high quality care. At any time, if you are not comfortable with seeing a provider on video conference technology, you may request to instead be seen in a traditional face−to−face encounter. No part of the encounter will be recorded. Others may also be present with you during the visit in order to help operate the video equipment or in order to maintain your safety in the room. As Kootenai Health staff, all individuals present will maintain the confidentiality of any information obtained.

Expected benefits:

- You will have access to a specialist in the appropriate field.
- Continuity of care, if you have already seen or will be seen by the provider for a face−to−face visit on the unit.

Potential risks:

- You may be required to see another provider if it is felt that the information obtained via telemedicine was not sufficient to assess you or provide adequate care.

Technical difficulties:

- Although safety measures have been implemented to ensure that this video conference is secure, it is possible that in very rare instances security protocols could fail, causing a breach of privacy of medical information.

I hereby consent to participate in telemedicine visit(s) under the conditions described in this document. I understand the risks and benefits of telemedicine, and I've had my questions regarding the procedure explained. This consent will be effective for reoccurring visits, and will be re−evaluated on an annual basis.

_____ _____ _____

Signature of patient / legal guardian | Date | Time

_____ _____

Name of person signing for patient (if applicable) | If not signed by patient, indicate relationship

CONSENT

KOOTENAI HEALTH
Coeur d' Alene, Idaho

TELEHEALTH CONSENT FORM

KootenaiHealth

TELEHEALTH CONSENT FORM

Patient Name: _____

Date of Birth: _____

Medical Record Number: _____

Location of patient (Designated Location): Kootenai Behavioral Health, 2301 N. Ironwood Pl., Coeur d'Alene, ID 83814

Provider performing services: Dr. John Helsell, MD

States in which provider is licensed: Idaho and New Mexico

Provider location: Coeur d'Alene, Idaho

Provider contact number: 208-625-4800

While at the above Designated Location, you may have a clinical visit using video conferencing technology. You will be able to see and hear the doctor, and the doctor will be able to hear and see you, just as if you were in the same room. Although not physically present on the unit, the Provider will coordinate closely with nursing staff and other providers to provide high quality care. At any time, if you are not comfortable with seeing a provider on video conference technology, you may request to instead be seen in a traditional face−to−face encounter. No part of the encounter will be recorded. Others may also be present with you during the visit in order to help operate the video equipment or in order to maintain your safety in the room. As Kootenai Health staff, all individuals present will maintain the confidentiality of any information obtained.

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Coeur d' Alene, Idaho

TELEHEALTH CONSENT FORM

861200−002 Dev. 05/2019

KootenaiHealth

TELEHEALTH CONSENT FORM

Patient Name: _____

Date of Birth: _____

Medical Record Number: _____

Location of patient (Designated Location): Kootenai Behavioral Health, 2301 N. Ironwood Pl., Coeur d'Alene, ID 83814

Provider performing services: Dr. Bruce Miewald, MD

States in which provider is licensed: Idaho, Montana, Pennsylvania

Provider location: Coeur d'Alene, Idaho

Provider contact number: 208-625-4800

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