



# Oasis Center of the Rogue Valley Telehealth Consent Form

## What is Telehealth?

Telehealth is a way to provide healthcare remotely using audio and visual technology. Telehealth services at the Oasis Center mean that your visit with your provider will happen using the internet and you can meet with your provider from any place. You will not go into the clinic to receive services.

The Oasis Center of the Rogue Valley uses the HIPAA compliant telehealth technology platform **doxy.me**. You do not need to download any apps and you can use devices that have a microphone and a camera, including your cell phone.

- I understand that I can decline telehealth services at any time without affecting my right to future care or treatment, or program benefits to which I would otherwise be entitled.
- I understand there are potential risks to telehealth, including interruptions, technical difficulties, and unauthorized access.
- I understand that my health care provider or I can discontinue the telemedicine consultation or visit if it is felt that the audio or video connections are not adequate for the situation.
- I understand that if I decline telehealth services, I may have to travel to see a health care provider in-person.
- I understand the same privacy rights apply to my health care with a telehealth visit as with an in-person visit, including access to the medical information from the telehealth services.
- I understand that my provider will inform me of any people from their office that can see or hear me during my telehealth visit.
- I understand that my provider may decide that I still need an in-person office visit.
- I understand that the Oasis Center of the Rogue Valley will bill and release information to my insurance company or third-party payer.

## By signing this form, I agree:

- My health care provider has explained to me how the audio/video technology will be used
- I have had the opportunity to ask questions about telehealth visits and these questions have been answered to my satisfaction
- Alternatives to a telehealth visit have been explained to me
- I am choosing to participate in a telehealth visit with my provider at the Oasis Center of the Rogue Valley

**This telehealth consent is valid for one year from the date signed**

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Your name (please print) Date

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Your signature Date