



Informed Consent for Telehealth and Electronic Communication Services

Patient Name: _____

Date of Birth: _____

Purpose of Electronic Services

I understand that Northwest Michigan Health Services, Inc. (NMHSI) may provide healthcare services using Telehealth and Electronic methods, including live two-way video, audio, and other computer-based technologies. These services may be used to collect health information for diagnosis, treatment planning, review, and case management for non-emergency conditions.

Information Shared

Telehealth and Electronic services may include documentation in my medical record, live video and audio communication, and transmission of images or other health data.

Possible Risks

I understand there are risks associated with telehealth and electronic communication, including delays or errors due to equipment failure, incomplete information for medical decision-making, and potential breaches of privacy despite reasonable safeguards.

Patient Communication & Portal Enrollment

Healow is a secure patient portal that allows access to visit summaries, lab results, prescriptions, messages, and telehealth services.

I would like to enroll in the Healow Patient Portal. Email: _____

eClinicalWorks (eCW) messaging provides reminders and health-related notifications.

I would like to enroll in eClinicalWorks messaging.

Patient Consent and Acknowledgments

By signing this form, I acknowledge and agree that:

- Privacy and confidentiality protections apply to telehealth and electronic communication services.
- My information will not be shared without my consent except as permitted by law.
- This consent is valid for **365 days** and may be withdrawn at any time.
- Telehealth is optional, and I may choose in-person care.
- Services will be documented in my NMHSI electronic medical/dental record.
- No specific outcomes are guaranteed.
- Insurance coverage for telehealth may vary, and I am responsible for non-covered services.
- A telehealth visit may be ended if in-person care is needed.
- I authorize NMHSI to access and use my electronic prescription history from other providers, pharmacies, or pharmacy benefit payors for treatment purposes. i.e. certain medications, including controlled substances, may not be prescribed via telehealth.

I have read and understand this consent and agree to receive services electronically.

Signature:	Patient/Guardian:	Date:
	Print Guardian Name:	Relationship: