NORTHWEST MICHIGAN HEALTH SERVICES INC

TODAY'S DATE: _____

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.

Communication Consent

By providing your contact information, you agree that **Northwest Michigan Health Services, Inc.** may contact you regarding appointment reminders, scheduling updates, billing notifications, and other relevant healthcare communications.

SMS Terms of Service

You may receive text messages that include appointment reminders, scheduling updates, billing notifications, and other relevant information related to your care. Message frequency may vary. Standard message and data rates may apply. Carriers are not liable for delayed or undelivered messages.

Email Communications

You may receive email communications related to scheduling, billing, and other healthcare operations.

Opt-Out Option

You may opt out of receiving text messages at any time by replying **STOP**. For assistance, reply **HELP** or contact our office directly at **(231) 947-0351**.

You may also opt out of electronic communications by notifying our office in writing.

Patient Communication & Portal Enrollment Preferences. Please indicate your preferences below:

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

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

Electronic Communication provides reminders and health-related notifications.

☐ I agree/opt in to receive appointment and scheduling notifications via text at the contact information provided on my demographic form. Message and data rates may apply. Msg frequency varies, reply **STOP** to cancel.

☐ I agree/opt in to receive appointment and scheduling notifications via email at the contact information provided on my demographic form.

☐ I decline to receive electronic communications.

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 until withdrawn and may be withdrawn at any time by request in writing.
- Telehealth is optional, and I may choose in-person care.
- Services will be documented in my NMHSI electronic medical/dental/BH 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 Northwest Michigan Health Services, Inc. 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.
- Northwest Michigan Health Services, Inc., does not share, sell, rent, or lease its customer lists or mobile opt-in data to third parties for marketing purposes.

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

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