

SSM Health
Telehealth Services Consent to Treat

Purpose: This document is requesting your consent as the patient, parent, or legal guardian for the patient, to participate in a telehealth service provided by SSM Health.

By initiating this telehealth visit, you as the patient, or legal guardian for the patient, agree to participate in the visit via telehealth using videoconference. The healthcare consultation services are provided by licensed healthcare provider(s) or specialist(s) affiliated/partnering with SSM Health. With respect to receiving these services via telehealth, you as the patient, parent, or legal guardian for the patient, also understand and agree that:

1. The healthcare practitioner will not be present at the same location with you and will communicate with you via two-way interactive video communication and/or by the electronic transmission of information.
2. The practitioner may review electronically, details of patient medical history, including but not limited to: examination information, x-rays, tests, photographs or other images.
3. You will be informed if any additional personnel are to be present other than you, the individuals accompanying you, and the practitioner. Your verbal permission will be obtained prior to proceeding with the additional personnel being present.
4. The practitioner will keep a record of the visit in the patient medical record.
5. Patients receiving services through the MyChart Video Visit acknowledge and agree that they are responsible for fees related to video visit services. Such services may not be covered by Medicare, Medicaid, or other third-party payer. Typically, the video visit fee is a qualified expense for a Flexible Spending Account (FSA), Health Savings Account (HSA), or Health Reimbursement Account (HRA). To determine if a specific expense is paid by your HRA, please refer to your coverage plan.

You further understand that you have the right to:

1. Refuse the telehealth visit or stop participation in the telehealth visit at any time.
2. Limit any physical examination proposed during the telehealth visit.
3. Request that nonmedical personnel leave the room(s) at any time.
4. Request that all personnel leave the room(s) to allow a private consultation with the practitioner.

Noting all the above, you understand that patient participation in the process described (referred to as “telehealth” or “telemedicine”) is voluntary. You may choose not to consent to receiving the healthcare consultation service(s) via telehealth.

By beginning this video visit, you as the patient, parent, or legal guardian for the patient acknowledge that the healthcare provider(s) involved have explained the consultations and the type of healthcare treatment that will be provided to the patient in a satisfactory manner and that all questions that you have asked have been answered in a manner satisfactory to you. Understanding the above, you agree to consent to the telehealth process described above. Verbal consent for the video visit will be documented in the medical record.