

Consent to Telemedicine Virtual AcuTherapy Treatments



I, _____ hereby consent to participating in telemedicine with Wyatt LaCoss, Lic.Ac. and AcuTherapy, LLC as a continuation and part of my on-going acutherapy treatments. I understand “telemedicine” may include, but is not necessarily limited to, the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical data and education using interactive audio (such as telephone), audio-video (i.e. Doxy) or data communications (such as email and texting).

I understand that I have the following rights with respect to telemedicine:

1. I have the right to withhold or withdraw consent at any time without affecting my right to future care or treatment, nor do I risk the loss or withdrawal of any program benefits to which I would otherwise be entitled.
2. The laws that protect the confidentiality of my medical/mental information also apply to telemedicine. I am aware of and have agreed to these laws as described in the “Acknowledgment of Privacy Practices” which I have already signed. I also understand that the dissemination of any personally-identifiable images of information from the telemedicine interaction to researchers or other entities shall not occur without my written consent.
3. I understand there are risks and consequences from telemedicine, including, but not limited to, and despite the reasonable efforts on the part of my Licensed Acupuncturist, the possibility that:
 - a) The transmission of my medical information could be disrupted or distorted by technical failures; the transmission of my medical information could be accessed by unauthorized persons, but unlikely with Doxy (a HIPAA-compliant medium of telecommunication).
 - b) Any electronic storage of my medical information could be accessed by unauthorized persons.
 - c) Telemedicine-based services and care may not be as complete as in-person services.
 - d) I also understand that if Wyatt LaCoss, Lic.Ac. and AcuTherapy, LLC believe I would be better served by in-person acupuncture therapy, I will wait to continue treatment until such meeting is feasible.
4. I understand that I may benefit from telemedicine, but that results cannot be guaranteed or assured.
5. I agree to allow Wyatt LaCoss, Lic.Ac. and AcuTherapy, LLC to send me, at his discretion and to my provided home address, such items to serve as an “at-home acupuncture kit” for exclusive use during my virtual treatments only. These kits will be customized to my individual needs prior to sending out and based on past treatments at AcuTherapy, LLC. I certify I have read through and signed any associated information sheets and consent forms regarding the use of such items within my acu- kit(s) as deemed appropriate by Wyatt LaCoss, Lic.Ac.

I do not expect Wyatt LaCoss, Lic.Ac. and AcuTherapy, LLC to be able to anticipate and explain all possible risks and complication of treatment(s), and I wish to rely on Wyatt LaCoss, Lic.Ac. and AcuTherapy, LLC to exercise judgment during the course of treatment(s) which Wyatt LaCoss, Lic.Ac. and AcuTherapy, LLC believe at the time, based upon facts then known, is in my best interest. I understand the results are not guaranteed. I understand this document and subsequent consent forms are in addition to the Consent to Treat and other forms I have previously signed when I initially started acupuncture treatment with Wyatt LaCoss, Lic.Ac. and AcuTherapy, LLC.

By signing this document, I agree I have read and fully understand all of the above information. I consent to the use of telemedicine and the products within my acu-kit on myself, by myself, under strict guidance of my Licensed Acupuncturist, and consent to any associated risks that may follow. I understand if any injury occurs to myself during my virtual treatments that I, the patient, am fully responsible for said injury and that Wyatt LaCoss, Lic.Ac. and AcuTherapy, LLC are not responsible for any adverse reactions, burns or injuries that may occur when using these products at home and during virtual treatments. I understand that Wyatt LaCoss, Lic.Ac. and AcuTherapy, LLC will do everything in his power to protect my private information but that Wyatt LaCoss, Lic.Ac. and AcuTherapy, LLC is not responsible if any of my private information is compromised during my virtual treatments via online or phone connection.

I have read and understand all of the information provided above. I have discussed any questions I might have with Wyatt LaCoss, Lic.Ac. and AcuTherapy, LLC and all of my questions have been answered to my satisfaction.

Signed:

Patient Name _____

Patient Signature _____

Date _____