



Informed Consent for Telehealth Services

I understand that telehealth is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider; and hereby consent to Cape Ann Medical Center providing health care services to me via telehealth.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telehealth. As always, I understand my insurance carrier will have access to my medical records for quality review/audit.

I understand that I will be responsible for any copayments or coinsurances that apply to my telehealth visit. If my insurance does not cover telehealth, I understand that I will be responsible for any costs associated with my telehealth visit and will self-pay for all telehealth services I receive at Cape Ann Medical Center. Any self-pay payments I make to Cape Ann Medical Center will not be credited toward satisfying any deductible I may be subject to under my health insurance plan unless otherwise permitted under the terms of my health plan.

I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting Cape Ann Medical Center at 978-281-1500. As long as this consent is in force (i.e. has not been revoked) Cape Ann Medical Center may provide health care services to me via telehealth without the need for me to review or sign another consent form.

By accepting telehealth services from Cape Ann Medical Center I agree to the terms and conditions stated in this Informed Consent for Telehealth Services Policy.