

## Telehealth Acknowledgement Form

Delaware Libraries

1. Telehealth appointments may be conducted by videoconferencing, video images, still (high quality photo) images, or by telephone conference. I understand that this appointment will not be the same as a direct patient/health care provider visit due to the fact that I will not be in the same room as my health care provider.
2. I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my healthcare provider or I can discontinue the telehealth appointment if it is felt that the videoconferencing connections are not adequate for the situation. I understand that I can discontinue the telehealth appointment at any time.
3. In an emergency situation, I understand that the responsibility of the telehealth provider or library navigator may be to direct me to emergency medical services, such as the emergency room. The telehealth specialist's or provider's responsibility will end upon the termination of the telehealth connection.
4. I understand that billing for the telehealth consultation may occur from the telehealth specialist or provider. Billing is at the discretion of the provider. The Seaford District Library, Laurel Public Library, Milford Public Library, and Delaware Division of Libraries are not responsible for validating patient health insurance information nor are they liable for any charges that result from this telehealth visit.
5. I understand that the Delaware public libraries are simply providing a location to take a telehealth appointment and are not responsible for any non-HIPAA compliant software used during my appointment by my telehealth specialist.
6. I understand the use of the kiosk is at the discretion of the library in which it resides; the privilege to use can be withdrawn at any time with or without reason. I also understand that the procedures and scheduling of the kiosk may change from library to library.
7. I have read this document carefully, and understand the risks and benefits of the telehealth appointment and have had my questions regarding the procedure explained and I hereby consent to participate in a telehealth appointment visit under the terms described herein.

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Patient Name - printed

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Patient Signature

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Date