



Telehealth involves the use of secure video, audio, or electronic communications to provide clinical care. By signing below, I understand and agree to the following:

1. PURPOSE AND PROCESS

Telehealth allows evaluation, follow-up, and treatment when an in-person visit is not required. My provider will determine if this method is appropriate.

2. RISKS AND ALTERNATIVES:

I understand that technical failures or limited examination may affect care. I may request or be asked to schedule an in-person visit at any time.

3. PRIVACY AND SECURITY

Modern Orthopedics uses HIPAA-compliant, encrypted platforms. No session will be recorded without my consent. The **Notice of Privacy Practices** applies to all telehealth visits and is available at modernjoints.com/privacy

4. BILLING

Telehealth visits are billed like in-person visits and may involve copays, deductibles, or self-pay charges.

5. LOCATION AND RESPONSIBILITY

I will be in a state where my provider is licensed (usually Ohio) and will ensure my own privacy during the session. I will not use telehealth for emergencies—call 911 instead.

6. CONSENT

I may withdraw this consent at any time without affecting future care.

By signing, I acknowledge that I have read and understand this consent and agree to receive medical care via telehealth.

Patient Name: _____ **DOB** _____

Patient / Legal Guardian Signature: _____ **Date:** _____

Witness (if required): _____ **Date:** _____



TELEHEALTH CONSENT AND ACKNOWLEDGMENT

