

CIGNA MEDICAL GROUP TELEHEALTH CONSENT FORM

Thank you for scheduling a visit with one of our Providers. Please note that during this time of elevated risk, we are performing many visits via “telehealth”.

There may be a cost associated with this telehealth appointment similar to the cost share you would experience with an office visit. I want to make sure you are aware of this possibility

Telehealth involves the provision of medical care through telephone or other electronic means, which may include sharing of photographs or audio-visual communication. This use of telephone and electronic systems may impact the ability to protect the confidentiality of your patient identification and health information, which may create a privacy risk.

Telehealth is not the same as a direct patient/provider visit because you cannot be physically seen and examined by your provider. Poor transmission of audio or visual may impact your provider’s ability to evaluate you. You may be required to have an in-person examination by another provider if your provider is unable to provide diagnosis or treatment with telehealth.

WRITTEN OR VERBAL CONSENT FROM THE PATIENT

Patient Name (print) _____

Patient Signature _____

Date _____



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