

Consent for Telemedicine

I understand that I am agreeing to a Telemedicine session (when set up as such) and that this, and all future Telemedicine sessions, will be conducted via online video conferencing platform. This platform is secure and encrypted to ensure the same client safety and privacy as if you were in the clinic. If for any reason the therapist or client feels that Telemedicine is not appropriate, the session will be ended and further instructions will be provided to the client.

I understand that Telemedicine is a different delivery of treatment that does not allow for hands on assessment and treatment. Telemedicine treatments may include acupuncture demonstrations, nutritional, exercise and lifestyle recommendations, and relaxation techniques, as well as Chinese herbal medicine prescriptions. It will be beneficial for your assessment and diagnosis, if you provide the photos (i.e. face, tongue, ankle) that your practitioner requests.

I understand there are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. I understand that my health care provider(s) or myself can discontinue the telemedicine consult/visit if it is felt that the videoconferencing connections are not adequate for the situation. Furthermore, there is the risk of being overheard by anyone near you if you do not place yourself in a private area and open to other's intrusion.

Note: agreeing to Telemedicine sessions does not preclude me from future in-person sessions.

- I understand all the above information about Telemedicine and give consent for Kelly Kaeding to provide healthcare services to me via Telemedicine without the need for me to sign another consent for future sessions.

Consent to Photos for Telemedicine

As part of your assessment, I will ask you to provide several photos (i.e. face, tongue, ankle) and I may wish to take photos during our sessions. Photos can assist in analyzing and creating a diagnosis and treatment plan. If I wish to take a photo during a session, I will ask for your verbal permission. Photos are uploaded into your secure chart file and removed from any other device.

- I understand the above information about Photos for Telemedicine and consent to the use of my photos.

Please check above and sign below:

Date Consent Completed

Client Name (printed)

Signature of Client and/or Representative/Guardian

Print Name of Client Representative/Guardian (if applicable)