

Telehealth Consent Form

- I authorize Yali Fan DOM to provide me with her observations and recommendations regarding my health condition and potential courses of action, using telehealth. The use of telehealth involves the electronic communication of my medical information. I understand that Yali Fan DOM will not perform an in-person physical examination during the telehealth consult. She will rely solely on the information telecommunicated. I authorize Yali Fan DOM to consult with any other physician specialists whom they may choose to involve in my case if necessary.
- I understand that I have the following rights with respect to the telehealth services performed by Yali Fan DOM:
 1. Right to withdraw. I have the right to withhold or withdraw my consent to telehealth at any time without affecting my future right to health care or treatment.
 2. Access to information. I have the right to inspect all medical information transmitted during the telehealth consultation, and I may receive copies of this information for a reasonable fee.
 3. Confidentiality. The laws that protect the confidentiality of medical information apply to telehealth, and no information or images from the telehealth interaction which identify me will be disclosed to other parties without my consent, except as permitted by law.
- I understand that there are risks from telehealth, including but not limited to: loss of records from failure of electronic equipment; power failure with loss of communication; and invasion of electronic records from outsiders (hackers). In addition, signs and symptoms that might be detected during an in-person physical examination may not be detected through telehealth. I understand that I have the option of seeing another physician on a face to face basis that could provide me with observations and recommendations.
- I warrant that Yali Fan DOM observations and recommendations are limited in scope and nature to the specific issues discussed during the telehealth consult. Natural herbals or supplements recommended by her are used for improving health and body balance. There is no scientific evidence that shows those herbals or supplements can kill viruses or bacteria.
- I understand that my current insurance may not cover the additional fees of the telehealth practices and I may be responsible for any fee that my insurance company does not cover.
- I have read and understood the information provided above. I agree and all my questions have been answered to my satisfaction. I consent to receiving the telehealth services described above.

First Name: _____, Last Name: _____

Signature: _____ Date: _____