



Telehealth Consent Form

1. I hereby authorize Borealis Heart Specialists to use the telehealth practice platform (MedPod) for telecommunication for evaluating, testing and diagnosing my medical condition.
2. I understand that technical difficulties may occur before or during the telehealth sessions and my appointment cannot be started or ended as intended.
3. I accept that my provider can conduct interactive video sessions; however, I understand that the sessions can be conducted via regular voice communication if the technical requirements such as internet speed cannot be met.
4. 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 understand it is my responsibility to check with my insurance company.
5. I agree that my medical records on telehealth can be kept for further evaluation, analysis and documentation, and in all of these, my information will be kept private.

I understand these terms and give consent to telehealth treatment.

Patient's Name: _____ Date: _____

Employee who obtained consent: _____ Date: _____

Employee's Signature: _____ Date: _____