Scala Naturae
INTEGRATIVE HEALTH

14. Minnesota Telehealth Consent

Telehealth services are delivered through secure electronic communication when clinically appropriate. By participating, you acknowledge that telehealth has benefits and limitations, including possible technology failures and privacy risks. You agree to participate from a private location, provide your physical location during the visit, and seek emergency care by calling 911 or going to the nearest emergency department if needed. You may request in-person care when appropriate.

I consent to receive telehealth services.

I understand technology limitations and privacy risks.

I understand SNIH does not provide emergency services through telehealth.

I agree to provide my physical location during each telehealth visit.

Electronic Signature: Date: