

# Foot and Ankle Clinic of Spokane/ Idaho (herein after collectively referred to as "FACS") Notification of Telehealth Policy and Consent

- 1. Telehealth:** A visit with a provider where an exchange of medical information occurs from one site to another via electronic communication, provided as real-time synchronous two-way communication. Limited to the provider's scope of practice.
- 2. Technology:** FACS provides video and chat features through the patient portal. Inadequate connections may limit the visit to a telephone call and/or alternate arrangements to continue the visit. Chat features are a part of the medical record.
- 3. Current Patients:** FACS is providing telehealth to existing patients who are active and current on the patient portal. Each online visit requires the patient to provide current information on their condition. Higher levels of evaluation and management will be necessary for any patient that has not been seen by a FACS provider in the last 3 years.
- 4. Minors:** A parent must be present during the telehealth visit for any patient who is a minor.
- 5. Rights:** Existing patients have the right to participate or decide not to participate in a telehealth visit, and that refusal will be documented in the medical record. Refusal to participate in telehealth will not affect future visits.
- 6. Telehealth Appointment:** Appointments are scheduled at least 1-business day prior to the telehealth visit. Patients should access their patient portal to update their demographics and insurance information.
- 7. Telehealth Check-in:** Patients should log into their patient portal 10-15 minutes prior to their appointment to update their current and past medical history. A medical assistant will call the patient to assist in the telehealth check-in process. Once primary complaint, condition status, and payment are complete, the staff will turn the visit over to the provider.
- 8. Telehealth Appointment Reminders:** Reminders are sent 3-5 days prior to the visit using email, text, or phone call depending on the patient's preference and/or available technology.
- 9. Telehealth Appointment Cancellations:** Patients are advised to call the office 24-business hours prior to their scheduled appointment to cancel or reschedule their appointment. Patients who provide less than 24-business notice will be reminded of the cancellation policy. Clinicians may be notified of patients that do not reschedule.
- 10. Telehealth Appointment No-Show:** A patient who does not check-in for a scheduled telehealth appointment and does not cancel the telehealth appointment with at least 24-business hours' notice is considered a no-show. Schedulers will make an attempt to reach out to the patient. The no-show will be documented in the patient's record.
- 11. Missed Telehealth Appointments:** FACS charges patients \$75 if they do not show for a telehealth appointment or contact the practice within 24-business hours prior to their scheduled telehealth appointment.
- 12. Appointment Hold:** Repetitive broken appointments, non-compliance, hostile behavior, and/or financially deficient accounts will result in appointment hold and/or the termination of the Foot and Ankle Clinic of Spokane/ Idaho. Patient relationship. 30 days advance notice will be given should the situation result in a transfer of the patient's care.
- 13. Privacy:** Laws that protect privacy and confidentiality of health care information apply to services and documentation of telehealth. Insurance carriers and their third-party auditors review these records for quality.
- 14. Health Plans:** Payment policies for telehealth visits may be different from policies for in-person visits.
- 15. Billing:** FACS submits billing daily using the appropriate CPT/HCPCS/ICD-10 Codes provided by the physician. FACS accepts VISA/MasterCard prior to the completion of the telehealth visit. Noncovered services, or patients without insurance coverage, will also be charged at the time of service.
- 16. Benefits:** Patients receiving telehealth services are responsible for any out-of-pocket costs such as specialist copayments, deductibles, and/or coinsurances that apply. Coverage may be different during a policy waiver/in the event of a disaster.
- 17. Advance Coverage Notice Medicare:** FACS will provide Advance Beneficiary Notice following Medicare policy.
- 18. Advance Coverage Notice Non-Medicare:** FACS will reiterate benefit coverage as relayed by insurance plan.
- 19. Payment:** FACS accepts VISA, MasterCard prior to the completion of the telehealth visit.
- 20. Refunds:** FACS issues patient refunds by check within 30 days of a completed investigation of the potential overpayment, as long as other outstanding patient balances/family accounts have been resolved.
- 21. Secure Portal:** Patient messaging, instructions, clinical summaries, records and patient education are provided through the secure patient portal and HIPAA compliant email. Patients are automatically enrolled and may unsubscribe at any time.
- 22. Informed Consent:** With regards to telehealth appointments, the digital signature on this telehealth policy and consent represent a patient's and/or guarantor's informed consent. Patients will only be scheduled for a telehealth appointment with their acknowledgement. Risks, benefits and any practical alternatives to telehealth will be discussed with the patient.
- 23. Contact:** Patients may contact our office at 509-928-8181 with any questions about telehealth and/or to discontinue a telehealth consent. **Calls are recorded for quality assurance and training purposes.**

The undersigned certifies that he/she has read and understands the foregoing 1-23 statements, and is either the patient, or is duly authorized by the patient, as the patient's general agent, to execute the above and accepts its terms.

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Print Name of Patient or Legal Authorized Representative

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Signature

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Relationship to Patient

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Date