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Telehealth Instructions and Consent

Telehealth is available to clients with video conferencing capabilities on their smart phone, computer, or tablet with webcam and microphone, as well as strong internet connectivity that supports participating in a video conference. Clear audio and video quality is a requirement.

Some services continue to be covered temporarily for audio-only telephone services. Patients engaging in telephone services should be aware that such communication is not HIPAA compliant technology and therefore there is a higher risk that the information discussed as part of your visit being accessible. Although this risk is minimal, APS is required to inform you of this risk. Therefore, patients are strongly encouraged to utilize Doxy.ME as APS' preferred HIPAA compliant telehealth platform.

Consent to Telehealth Services: By participating in telehealth services you are indicating consent to receive services delivered via video-conference. There are advantages, disadvantages, and limitations regarding the use of telehealth platforms, which will be discussed with your provider. Your consent also indicates that you will participate in your telehealth visit, in a confidential space to provide the best atmosphere for your appointments.

A telehealth appointment requires the same level of care and professionalism that you would receive during an office-based visit. You will check in virtually and placed in a virtual waiting room. Similar to an office visit, there may be a slight delay, but don't worry, your provider can see you in the waiting room.

To prepare for your telehealth appointment:

1. Please identify a quiet, private and confidential space with good connection for your device to participate in your telehealth session.
2. Enable and test audio and video features prior to appointment.
3. Telehealth appointments should be treated the same as in-office visits: patients must be prepared at the time of their visit to receive the call in an appropriate place to allow for privacy.

Any patient looking to continue engaging in telehealth services, whether by video or telephone, are required to sign this consent which indicates that:

- A. You reviewed this document in its entirety
- B. You were given the opportunity to ask questions of your provider or APS staff regarding this form or telehealth services in general