Telehealth Services Informed Consent (Wisconsin)

Dr. Nezih Z. Hasanoglu · Suboxone Maintenance Program · 10150 W. National Ave., Suite 202, West Allis, WI 53227 · 414-213-1505

Provider: Dr. Nezih Z. Hasanoglu

Patient name: _____ Date of birth: _____

1. Purpose of Telehealth

Telehealth involves the use of electronic communications (video, phone, or other digital platforms) to provide healthcare services when the provider and patient are not in the same physical location.

2. Nature of Telehealth Services

I understand that:

- Telehealth may include evaluation, consultation, diagnosis, treatment recommendations, and follow-up care.
- The same standards of care apply to telehealth as in-person visits.
- I may be asked to provide medical history, medications, and other relevant information to assist in my care.

3. Potential Benefits

- Improved access to care.
- Convenience and reduced travel time.
- Timely medical evaluation and follow-up.

4. Potential Risks

- Technical difficulties (poor internet connection, audio/video disruption).
- Security risks, although reasonable efforts will be made to protect privacy.
- Limitations in physical examination due to remote format.

5. Confidentiality

Reasonable steps will be taken to ensure the privacy and security of telehealth sessions in accordance with applicable privacy laws. Sessions will not be recorded without my explicit consent.

6. Alternatives

I understand that I may choose in-person services instead of telehealth when available and appropriate.

7. Emergency Situations

Telehealth is not appropriate for medical emergencies. In case of an emergency, I will call 911 or go to the nearest emergency room.

8. Consent

By signing below, I acknowledge that:

- I have read and understand this consent form.
- I have had the opportunity to ask questions and have received satisfactory answers.
- I voluntarily consent to receive telehealth services from Dr. Nezih Z. Hasanoglu.

Patient signature: _____ Date: _____

Parent / guardian (if applicable): _____ Relationship: _____