



SPECIALIZED WOUND MANAGEMENT

PATIENT / CLIENT RELEASE / AUTHORIZATION

ADDENDUM: TELEMEDICINE CONSENT TO TREAT

Patient/Client Name _____ Social Sec# _____

Facility Name _____ Email (for patient portal access) _____

The U.S. Department of Health and Human Services sent out a notification of endorsement discretion for telehealth remote communications during the COVID-19 nationwide public emergency.

Medicare can pay for office, hospital and other visits furnished via telehealth across the country starting March 6TH, 2020. The HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to perform telehealth visits where before it was on a limited basis.

Specialized Wound Management can perform telehealth visits in a long-term care facility provided the facility has the capability to receive telehealth communication.

HIPAA/PATIENT TELEHEALTH CONSENT:

By signing this form, I consent to the SWM Nurse Practitioner utilizing telehealth medicine to exchange medical information from one site to another through electronic audio and video communication to improve my treatment in wound care. The platform SWM has decided to use allows these capabilities of providing treatment at the bedside. By signing this form, I consent to the disclosure of protected health information about my treatment, payment and healthcare.

Patient/Client (POA) _____ Date: _____

Witness: _____ Date: _____

Verbal Consent: _____ Date: _____

Taken by: _____ Date: _____