



Consent for Teledentistry Visit

Patient Name (Print): \_\_\_\_\_ DOB \_\_\_\_\_ Medi-Cal Id# \_\_\_\_\_

Wesley Health Centers Dental Clinics will be using FaceTime, Zoom, Facebook Messenger video chat, text and/or email remote communication technology to conduct problem-focused evaluations/re-evaluations virtually, to help manage your oral health problem and to determine whether you have a condition that requires immediate in-office treatment.

During the current pandemic the federal government announced that it will not enforce HIPAA regulations (privacy for health records) in connection with medical and dental offices' good faith provision of medical or dental services using a non-public facing audio or video remote communications services. Remote patient consultations may take place over applications that allow video chats such as Apple FaceTime, Facebook Messenger video chat, Zoom and may involve or be based on photos or videos taken with smart phones by the patient and transmitted to the dental office via text or email. Please DO NOT contact us using public-facing services such as Facebook Live, Twitch or TikTok which are not permitted by the federal government for this purpose.

As always, our office will take dental record confidentiality very seriously, and will do what we can under the circumstances to protect the information you send us. While we believe the risk to such confidentiality is not high, it may be greater than it would be if these remote electronic communications were encrypted, which is one of the main HIPAA requirements that is being relaxed during the nationwide COVID-19 public health emergency.

Our Dental Clinics are using one or more of the permitted modalities listed above for remote transmission of information to conduct limited problem focused evaluations. While entirely adequate in most cases for such limited purposes, these evaluations may not reveal conditions that would be discovered during an office visits or using specialized teledentistry technology.

I consent to receive a teledentistry consultation with my dentist. In the absence of X-rays (X-rays), I understand that I may be asked to submit photographs or other documentation as requested by the dentist. I'll try to provide as much detailed information as I can. I understand that the doctor is limited to what they can determine in these circumstances. I also understand that if I'm experiencing pain or swelling that's life-threatening, I'll call 911 or go to an emergency room. I understand that I am responsible for any payments resulting from this consultation that are not covered by a dental insurance plan. In addition, I understand and consent that this consultation is registered for clinical documentation and accuracy.

Please indicate your understanding of and informed consent to these terms, which will be in effect until the government rescinds its suspension of these HIPAA requirements, by signing your name in the space provided and return via email to this office at \_\_\_\_\_@jwch.org. (Dental Staff or Dental Manager email)

OR Text a message consenting to the teledentistry visit with a photo of this form to: \_\_\_\_\_ (Print Dental Provider's Name and JWCH Cell phone number)

\_\_\_\_\_  
Patient and/or Guardian Signature

\_\_\_\_\_  
Date