Sweeney Dawley Recovery Center, LLC
Ethel Marie Dawley
409 Pond Street, Suite 9
Braintree, MA 02184
Phone 781-268-2638
Fax: 781-268-2681

Informed Consent for Telehealth

I understand that telehealth is the use of electronic information and communication technologies by health care providers to deliver services to an individual when he/she/they/is are located by a different site than the provider; herby consent to Sweeney Dawley Recovery Center, LLC providing health care services via telehealth.

I understand that the laws that protect my privacy and confidentiality of medical information also apply to telehealth. Your insurance carrier will have access to your medical records for billing, quality review and audit.

I understand tat I will need to contact my insurance company to verify that telehealth services are covered, and I am eligible to receive such services. I also understand that I will be responsible for any copayments, coinsurance, deductibles, or any other charges that apply to my telehealth visit.

I understand that I have the right to withhold or withdraw my consent to use telehealth at any time without affecting my right to future care or treatment. I may revoke my consent orally or in writing at the time by contacting 781-268-2638. If this consent is in force and has not been revoked Sweeney Dawley Recovery Center, LLC staff must provide health care services via telehealth without the need for me to sign another consent form.

Printed Name of Patient : _____

Patients Signature : _____

Patients Date of Birth : _____

Witness : _____