**Teleservices Acknowledgement Form**

1. Virtual teleservice appointments can be conducted through videoconferencing equipment or telephone conference. I acknowledge that this appointment will differ from an in-person visit as I will not be physically present in the same room as my remote health professional.
2. I am aware of the potential risks related to this technology, which may include technical challenges. Library staff can assist with technical issues as needed.
3. In the event of an emergency, the virtual appointment may be shortened to address the most urgent need, and I am responsible to promptly seek emergency medical assistance or seek library assistance to notify emergency medical providers.
4. The library staff are not involved in medical conversations, billing, insurance, or other health care responsibilities. The public library does not gather or require any health information for the purpose of using telehealth equipment.
5. I understand that I am responsible for medical insurance, billing, and other costs associated with my telehealth appointment. The library does not take responsibility for any charges arising from any virtual visits.
6. I acknowledge that the library provides a location for my virtual visit, and they are not responsible for any provider-specific software used during my virtual visit.
7. I understand that the library retains the right to determine the usage of the private virtual appointment space within its premises, and this privilege may be withdrawn at any time, with or without explanation. Additionally, I am aware that the procedures and booking arrangements for the private virtual appointment space may vary from one library to another.
8. I understand that upon completion of using the teleservices space/equipment, I may be asked to voluntarily complete an anonymous survey that helps the library with funding and/or improvements to the service.
9. I have carefully read and understood this document. I am aware of the risks and benefits of the virtual appointment and have had my questions answered. I give my consent to participate in the virtual appointment based on the information provided.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_