Chattanoogaautismcenter.org
CHATTANOOGA
AUTISM CENTER

Office (423) 423-531-6961
Fax (423) 521-8094
1400 McCallie Ave, Suite 100
Chattanooga, TN, 37404

Telehealth Policy

The Outpatient Clinic is committed to serving our patients with the most updated ways of reaching our patients. Telehealth is a new, convenient service that allows a clinician to provide counseling services to a patient through secure video conferencing rather than at the clinic.

In order to take part in telehealth services, a patient must be eligible by meeting the following requirements:

- The patient must live in the state of Tennessee.
- A strong internet service and reliable electronic device (desktop computer, laptop, tablet, or smartphone) that can receive and send video is necessary for a quality telehealth visit with a CAC clinician.
- Have access to a reliable email address to receive the link to the telehealth session.
- Headphones/earbuds/speakers as well as a functioning microphone are needed in order to interact with the clinician.
- Patients must be willing to participate during the session as if they were face to face and in the same location as the clinician.
- A clinician may choose to utilize telehealth sessions up to 75% of visits in order to meet the patient's needs. A minimum of 1 of every 4 visits will be in person (face to face) to ensure the quality of our services.
- In order to perform quality sessions that patients need, timeliness and attendance is a necessity for telehealth as well as having a secure location for each session with a clinician.
- Patients may be responsible for any out of pocket payments such as co-payments or co-insurances.

A clinician may decide to terminate telehealth services for a patient if any of the following occurs:

- A patient is continually late (more than 15 minutes), cancels more than 3 times, is a no-show to their telehealth appointment, or violates the terms of the CAC's attendance policy.
- A secure site and internet cannot be established by the patient.
- The patient is not able to participate in the session.
- The patient does not have adequate equipment to complete a telehealth session.
- The patient's insurance does not cover telehealth services.

I have reviewed the telehealth policy as stated above and with my clinician and agree to the terms of receiving telehealth services.

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(Signature of Patient/Responsible Party) (Date)

For Office Use Only

Patient Name: ________________________________ Date of Birth: _________________________

Insurance Carrier: _______________________ Subscriber ID#: _____________________________

Patient Responsibility:____

Clinician to provide services: ____

Date approved: _________________________ Approved by: _______________________________

Notes: