

 **FOLSOM LAKE PRIMARY CARE**

2575 East Bidwell Street Suite #210, Folsom, CA 95630
Phone: (916) 984-7850 | Fax: (916) 984-7877

HIPAA-Compliant Telemedicine Informed Consent Form

Name (Last, First MI): _____

Date: ____/____/____

TELEMEDICINE INFORMATION:

- Telemedicine is a healthcare service provided by any means other than an in-person, face-to-face encounter. This includes but is not limited to, videoconferencing and telephone consultations. Telemedicine allows patients to have remote appointments to discuss medical and mental health information that will be used for diagnosis, consultation, treatment, therapy, follow-up, and education. This may include communication regarding highly sensitive medication information, such as HIV/AIDS, sexually transmitted diseases, or addiction treatment (alcohol, drug dependence, etc.).

RISKS/LIMITATIONS:

- As Telemedicine is heavily reliant upon electronic communication, there may be some level of associated risks, which may include but are not limited to, interception or manipulation of the electronic communication, or technical difficulties. These risks may be reduced or eliminated by only using Telemedicine in a secure environment and utilizing HIPAA compliant software.
- It is my responsibility to take reasonable steps to protect myself from unauthorized use of my electronic communications by others.
- Telemedicine may limit the healthcare provider’s ability to fully diagnose a condition or disease. It is my responsibility to follow the healthcare provider’s recommendations - including further diagnostic testing or an in-office visit.
- Telemedicine should never be used for emergency communications or urgent requests. All emergency communications should be made directly to the office of Folsom Lake Primary Care or to the local 911 emergency services.
- To be eligible for Telemedicine, I must be residing in the state of California at the time of the Telemedicine encounter.

YOUR RIGHTS:

- Healthcare providers may choose to forward my information to an authorized third party, such as a medical specialist. Therefore, it is my responsibility to inform the healthcare provider during my appointment about any medical information that I do not wish to be transmitted through electronic communications.
- I may opt out of the Telemedicine visit at any time which will not change my ability to receive future care at Folsom Lake Primary Care.

FINANCIAL POLICIES:

- Telemedicine billing information is collected in the same manner as a regular office visit. It is my responsibility to check with my insurance plan to determine coverage.

ACKNOWLEDGEMENTS:

- I certify that the nature of this agreement has been explained to me and all my questions are fully answered, and that I have read and understood the above information regarding Telemedicine. I acknowledge that the healthcare provider is not responsible for breaches of confidentiality caused by an independent third party or by myself. I also acknowledge that if I am unable to login to HIPAA compliant telemedicine visit, and desire to instead have a telephone office visit with my provider, I will be bound by this same consent and responsibilities.

Signature: _____

Date of Birth: ____/____/____