



Telemedicine Consent and Terms of Service

To better serve our patients, we offer virtual visits to established Pinon Family Practice (PFP) patients. A virtual visit or “telemedicine” visit is a two-way interactive video communication and involves electronic transmission of pertinent medical information (medical records, medical images, live two-way audio and video, etc.). We can use the video conferencing tools and the electronic transmission of information platform to assist us in the evaluation and treatment of certain medical conditions. These virtual visits are called “telemedicine” or “telehealth” visits/encounters.

This platform enables the PFP providers to provide medical care for the purpose of delivering safe, convenient, efficient, and effective patient care when appropriate. Telemedicine visits are only for certain circumstances and cannot replace in-person office visits. The PFP clinical team has developed very specific criteria by which standards of medical practice and safety guidelines can be followed to benefit our entire patient community. The clinical team takes the responsibility to care for all patients, including infectious/contagious acute concerns while also caring for at-risk, non-infectious immunocompromised, elderly, new-born, chronically ill and/or terminal conditions very serious. For this reason, the clinical team may require a telemedicine visit encounter for select acute concerns before clearing a patient to be seen in-office. Only a PFP provider, during a scheduled telemedicine visit can over-ride this policy. Similarly, the clinical team may have specified criteria in place for which a telemedicine visit is not appropriate and an in-office visit will be required. Our team will always do it’s best to guide you and provide transparency of these policies and procedures.

The telemedicine platform is accessible on the PFP website: www.pinonfamilypractice.com>telehealth. Detailed instructions are provided within the body of the TELEHEALTH webpage and include a check-in flyer, how-to video and system requirements. Each individual PFP providers’ telemedicine waiting-room is listed on this webpage. This is the only way to access/enter a providers waiting room for your visit. **Please note:** Telemedicine visits are not available via the Patient Portal. The telemedicine platform is a completely separate application and does not require use of the Patient Portal.

• I am voluntarily requesting PFP providers, as deemed necessary, to treat my medical condition(s) through telehealth services and understand that like in-office visits, no result can be guaranteed or assured.

• I understand that a telemedicine encounter with a PFP provider does not guarantee issuance of prescription. I further understand that PFP providers will practice evidence-based medicine and best practices and will prescribe medication therapy only as he/she feels appropriate.

• I understand that telemedicine-based services and care may not be as complete as face-to-face encounters.

• I agree that if the PFP provider providing the telemedicine service believes I would be better served by another form of service or follow-up care (e.g., in-office visit, drive-up exam) I will be directed to schedule as such.

I understand that I can refuse care through telemedicine at any time and request an in-person (following my PFP providers acute care guidelines) encounter at a future date. As such, I understand my care may be delayed for reasons stated above. Refusing care through telemedicine will not affect my right to care or treatment in the future.

• I understand that transmitted/electronic data may be kept, viewed and used for the purposes of monitoring treatment and guiding provider or staff interventions. Transmitted data may become part of my medical record.

• I understand that PFP providers can only provide medical and advice to existing patients with scheduled visits. For example: spouses, partners, children, friends etc., will not be seen or treated without a scheduled visit.

• I understand Telemedicine visits are subject to the same privacy protections as in-person healthcare services.

I understand that while I may be scheduled for a specific telemedicine visit time, the PFP provider may run late as he/she finishes up with a pressing, urgent or emergent patient matters. I agree to call PFP schedulers to inquire should the provider be more than 10 minutes late to avoid an possible misunderstanding.

• I agree that it is my responsibility to take security steps for my visit by using a personal, secure device while in a private setting where no other person is present. I agree that PFP is not responsible for breaches of confidentiality caused by me or an independent third party.

• I understand that I have will have access to all medical information resulting from telehealth services as if this was an in-person visit. I understand that I can access this through my Patient Portal account or, I can request to pick up a copy of the visit note.

If I am unable to communicate via the face-to-face telemedicine platform for any reason (e.g., a technological or lack of appropriate equipment or equipment failure) requiring a telephone call visit with my provider, I agree that a telephone discussion will constitute a complete telemedicine encounter.

I understand that just as with in-office encounters, I am meeting with a provider for medical care, advice and treatment considerations and an encounter for these services will be billed as agreed upon in the PFP Financial Policy. I understand that all terms and conditions within the signed Financial Policy will apply.

• I understand that I am responsible for copay, co-insurance, deductible and/or any other out-of-pocket amount assessed by my health insurance carrier.

I acknowledge that I have read and understand the above terms and conditions. By entering a telehealth visit, I further declare that I have read, understand and agree to the above terms of service. I acknowledge that I have had opportunity to discuss this with a PFP representative and all of my questions have been answered to my satisfaction.

****If patient is under 18 years of age, a parent or legal guardian must sign below****

Patient Name:
(please print)

DOB:

**Signature of Patient,
Guarantor or Agent:**

Date: