

**Ponderosa Family Physicians
Consent for Telehealth Services**

Thank you for choosing us for your healthcare. Patients and families are essential partners in healthcare, and we want you to understand your rights and responsibilities while receiving telehealth care from us. If you are a parent/legally authorized representative of a child, please read this agreement with the understanding that “I” and “my” means the child.

1. **Consent for Telehealth Services:** Telehealth involves transmission of video, photographs, and/or details of my medical record such as test results (collectively, “Data”). All Data is sent by secure electronic means to the patients and/or providers to facilitate the medical service being performed. I understand that:
 - I will be informed of any other people who are present at the provider’s end of the telehealth encounter and have the right to exclude anyone from that location.
 - All confidentiality protections required by law or regulation will apply to my care.
 - I have the right to refuse or stop participation in telehealth services at any time and request alternate services such as an in-person appointment. However, I understand that equivalent in-person services might not be available at the same time or date as telehealth services.
 - If I do not want to receive healthcare services by telehealth, it will not affect my right to future care or treatment, or any insurance benefits to which I would otherwise be entitled.
 - At times, technology and/or telehealth visits have their limitations. Therefore, I acknowledge that additional care may be needed beyond my telehealth visit. I also understand that Ponderosa providers will make every effort to overcome electronic connection issues when appropriate.
 - If an emergency occurs during a telehealth encounter when I am at a non-health-care site, I should call 911 and stay on the video connection (if possible) until help arrives.
2. **Records and Release of Information:** Transmitted Data may become part of my medical record. Data will not be transmitted to people outside my health care team except as described below, and/or if I provide additional written consent.
 - I will have access to all the information in my medical record resulting from the telehealth services that I would have for a similar in-person visit, as provided by federal and state law.
 - The Providers may use or disclose my health information for treatment, continuity of care, payment, or internal operations, or when required by law or regulation.
3. **Payment Agreement/ Assignment of Benefits:** I agree to be responsible for any co-payments, deductibles, or other charges from Ponderosa Family Physicians for a telehealth visit just the same as being seen in-person. I understand that I am subject to the same Ponderosa Family Physicians financial policies for a telehealth visit as I am for an in-person visit.