

Telehealth Consent

This consent is for all telehealth services provided to me by my Healthcare Provider, Caitlin Studley, PA-C.

- Telehealth is the use of the internet to provide remote health care for patients.
- Telehealth may also be referred to as telemedicine, virtual medicine, or virtual visit(s).
- My Healthcare Provider will be communicating with me remotely via the internet using doxy.me web-based audio-visual software (referred to in this form as Telehealth Appointment).
- Doxy.me only hosts the software and does not provide medical advice or information.
- This telehealth appointment may be for diagnosis, continuity of care, treatment, testing, or medical consultation deemed necessary by my Healthcare Provider or me.

I understand that during a Telehealth Appointment:

- Details of my medical history and personal health information may be discussed with me and/or other health professionals;
- Audio and video containing medical details may be transmitted via secure channels and those details may become part of my permanent medical record;
- All confidentiality protections granted to me by state and federal laws also apply to my care during this appointment;
- Industry-standard network and software security protocols are in place to protect the privacy of the communication and safeguard my transmitted information against eavesdropping and corruption;
- There may be security and privacy risks associated with internet-based communications;
- There are benefits and limitations when compared to a traditional in-person visit;
- Either my Healthcare Provider or I can discontinue the Telehealth Appointment if either of us feels that the information obtained through remote communications is not adequate for diagnostic decision-making or for providing the care I desire;
- In addition to my Healthcare Provider named above, I will be informed of any other person(s) who may be present during the appointment and have the right to have them leave the viewing and listening area;
- To maintain my privacy, I need to ensure that my viewing and listening area is limited to myself and any other person that has a need to participate during the virtual appointment;
- In the interest of safety, I will not engage in any potentially hazardous activities during the virtual appointment, such as driving;
- Due to the limitations of telehealth that are out of my control (such as unreliable internet connection), I will call local authorities (9-1-1) to assist me with a medical emergency;
- My Healthcare Provider may advise me to seek immediate treatment or determine that there is a medical emergency and, as such, local authorities may be given my personal details to assist me;
- This communication is privileged and confidential, and I will not record the audio or video without first seeking the permission of my Healthcare Provider.

Therefore, by consenting to this Telehealth Appointment:

- I desire to engage in remote audio-visual communication with my Healthcare Provider.
- I understand that I have the option to complete an in-person visit instead of a virtual visit.
- I further understand that I have the right to object to the use of a telemedicine service without prejudice to any future care or treatment and without risking the loss or withdrawal of any health benefits to which I am entitled.
- I understand the risk and benefits of using internet-based communications and that no results can be guaranteed.
- I acknowledge that if the Healthcare Provider believes that remote communication is insufficient for treatment, consultation, or evaluation, then I will be offered alternate services or options.
- I understand that I may be responsible for copayments, deductibles, or other charges from my Healthcare Provider.
- I have the ability to direct questions to my Healthcare Provider about this appointment, including details about the Healthcare Provider's privacy policy.
- I have the right to terminate the appointment.
- I am physically located in the state of Iowa during my Telehealth Appointment.
- I am at least 18 years of age.