SIMON DIRECT
PRIMARY CARE
DEDICATED TO HEALTH. COMMITTED TO CARE.

Consent for Telehealth Visit

DO NOT USE TELEMEDICINE FOR EMERGENCY MEDICAL NEEDS.
IF YOU ARE EXPERIENCING A MEDICAL EMERGENCY, IMMEDIATELY CALL 9-1-1.

You have chosen a telemedicine visit to consult with your provider remotely, by way audio/visual telecommunication. If you are uncomfortable visiting with your provider this way, you should not proceed. There are certain expected benefits and unique risks in receiving healthcare this way.

Telemedicine is expected to offer the benefit of improved access to medical care by allowing you, the patient, to remain at your home or other convenient location while consulting with your provider.

There are some unique risks to receiving care by way of telemedicine, however, that you need to understand:

- Your provider may be unable to completely assess your condition given the inherent diagnostic limitations in telemedicine, namely the inability to touch or smell.
- The audio/visual telecommunication connection may be disrupted or disconnected before an assessment can be completed.
- Limitations in video capturing equipment (i.e., camera) may not provide adequate visual resolution for completing an assessment.
- Security protocols may unexpectedly be compromised, causing a breach of privacy or security of personal health information.
- Digital communication equipment or software applications may fail, resulting in an abrupt discontinuation of the visit.

Given the diagnostic and other limitations of telemedicine, you should have no expectation that a telemedicine visit will eliminate the need for in-person visit. The telemedicine visit may be discontinued at any time at your option or in your provider's discretion. Additionally, you should have no expectation that a telemedicine visit will allow your provider to adequately assess you in order to determine whether or not a prescription should be written for medication, or to make an order for other medical treatment.

By participating in a telemedicine visit, you acknowledge:

1. That you have read and you understand the benefits and risks of telemedicine, and you consent to proceeding with receiving medical care from your provider by way of audio and/or visual telecommunication. If you have any questions about any benefit or risk of telemedicine, please do not continue with your visit until your provider has satisfactorily answered those questions.

2. That you understand and agree that whether any condition can be appropriately diagnosed, and accordingly, a medical order or prescription written as a result, is at the sole discretion of your provider. In continuing with this visit, you understand there is no guarantee that a prescription will be provided to you.

***** COVID-19 NOTICE *****

COVID-19 cannot be diagnosed by telemedicine. If you are experiencing fever, cough, or shortness of breath you should seek medical care in the event the telemedicine visit is interrupted before the consultation is completed. Per Centers for Disease Control and Prevention (CDC) guidelines, if you develop emergency warning signs for COVID-19 get medical attention immediately. These emergency warning signs include: trouble breathing; persistent pain or pressure in the chest; new confusion or inability to arouse; bluish lips or face; or any other symptoms that are severe or concerning.

By signing this form, I voluntarily give my consent to treatment by telemedicine.

_____

Patient's Printed Name

_____

Signature of Patient (or Authorized Representative) Relationship to Patient

Date _____