

CONSENT TO USE TELEMEDICINE

Patient's Name: _____

Provider's Name: _____

CONSENT TO USE TELEMEDICINE

I am physically located in **California**. At the beginning of each telemedicine session, I will verify my **full name, current location, readiness to proceed, and ability to engage in a private, uninterrupted consultation**.

By signing this consent, I acknowledge and agree to the following:

1. **Licensure & Limitations:** My provider is licensed to practice in California. If I am outside of California, my provider may be unable to prescribe medications or assist in emergencies. In case of an emergency, I will call **911** or proceed to the nearest emergency room.
2. **Legal Jurisdiction:** I submit to the exclusive jurisdiction of **California state superior courts** for any claims or legal matters related to telemedicine services. This consent is governed by the laws of California.
3. **Appropriateness of Telemedicine:** My provider has determined that telemedicine is suitable for my condition. While I may benefit from this service, **no specific outcomes are guaranteed**.
4. **Transition to In-Person Care:** If my provider determines that an in-person visit is necessary, I agree to either **schedule an in-person appointment** or seek care from a local healthcare provider.
5. **Right to Withdraw Consent:** I may withdraw my consent at any time and choose to receive in-person care instead.
6. **Technology & Limitations:** I understand how electronic communication technology will be used for telemedicine services and acknowledge its limitations. If technical issues arise, an in-person visit may be required.
7. **Personal Responsibility for Telehealth Setup:** I agree to use a **computer, smartphone, or tablet with internet access, a camera, and a microphone** for my

telemedicine visits. I will ensure I am in a **private, well-lit, and quiet environment** free from distractions.

8. **Privacy & Confidentiality:** My telemedicine visits are **HIPAA-compliant**, and my medical information will be **encrypted and securely stored**. No personally identifiable information will be shared unless required by **federal or state law**.
9. **Patient Responsibility for Security:** I understand that using **public or shared computers, allowing devices to save passwords, or transmitting information without encryption** increases my risk of a privacy violation. I am responsible for safeguarding my information.
10. **Recording Consent:** I agree to be videotaped and recorded during the telemedicine services. I understand the resulting images and audio will become part of my medical record.
11. **Access to Medical Records:** I have the right to access my medical records in accordance with **California law**.
12. **Billing & Insurance:** I understand that my telemedicine services will be billed to my insurance, and I am responsible for any copays, deductibles, or other charges as per my policy.

I have read and understand this **Consent and information explaining Use of Telemedicine**. I have had an opportunity to ask questions by calling (916)-500-4989, and all my concerns have been addressed to my satisfaction.

Patient/Guardian Printed Name: _____

Signature: _____

Date: _____

TELEHEALTH VISITS FAQs

What is Telemedicine?

Telemedicine (also called **telehealth**) is a convenient way to receive healthcare services when your provider is at a remote location. It involves the use of **secure electronic communication** to exchange medical information, provide medical treatment, and offer **diagnoses, medical opinions, or advice**.

Telemedicine enables **continuity of care**, enhances **patient self-management**, and supports **caregiver involvement**. This approach can offer broader access to medical care by:

- ✓ **Eliminating transportation concerns**
- ✓ **Providing comfort and convenience** by allowing patients to receive care from home
- ✓ **Reducing wait times for specialty consultations**

Important Considerations

While telemedicine provides **numerous benefits**, it also has certain limitations:

- ⚠ **Limited physical examination** – The provider may not detect subtle non-verbal cues, such as posture, facial expressions, or tone of voice.
- ⚠ **Technology challenges** – Internet disruptions or technical issues may affect communication.
- ⚠ **Privacy risks** – Though all precautions are taken to ensure confidentiality, electronic transmission of medical data **could be subject to security breaches**.

Who Qualifies for a Telehealth Visit?

- Patients with **stable chronic conditions** needing follow-ups
- Medication management visits
- Review of test results (EEG, MRI, lab work, etc.)
- New patient consultations (depending on medical condition)
- Established patients experiencing non-emergency symptoms
- Patients unable to visit the office due to mobility or distance issues

In-Person Visits Are Required For:

- Urgent neurological conditions (e.g., stroke, severe seizures, or weakness)
- New-onset neurological symptoms that require a detailed physical exam
- Certain diagnostic tests (EMG, EEG, vascular ultrasound, etc.)

If you are unsure whether telehealth is right for you, please **call our office at (916) 500-4989**.

How It Works: Your Step-by-Step Guide

Medical information can be shared through:

- **Live, real-time audio/video consultations** (e.g., video conferencing)
- **Electronic data exchanges** (e.g., computer-to-computer transfers)
- **Store-and-forward technology** (e.g., sending medical records via email or secure portals)

Step 1: Prepare for Your Telehealth Visit

- You will receive a **secure link via email and text** before your scheduled appointment.
- Complete the **self-check-in process** before your visit.
- If you do not receive the link the day before your appointment, check your **SPAM folder**. If it is not there, please call our office for assistance.

Step 2: Answer Our Check-In Call

- A staff member will call **15 minutes before your scheduled appointment** to complete your intake process.
- They will **call twice only**, so please have your phone nearby and volume turned up.

Step 3: Attend Your Telehealth Visit

- **Click on the link** sent to your email or text message.

- Enter your **name** and agree to **join the virtual visit**.
 - This will notify your provider that you are ready.
 - Ensure you have a **strong internet connection** for the best experience.
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What You Need for a Successful Telehealth Visit

- ✓ A **smartphone, tablet, or computer** with a camera and microphone
 - ✓ A **strong internet connection** (Wi-Fi or wired preferred)
 - ✓ A **quiet, well-lit room** for clear communication
 - ✓ Your **medication list and any recent test results**
 - ✓ A **list of questions or concerns** to discuss with your provider
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Common Troubleshooting Tips

◆ I didn't receive my link.

- ✓ Check your **SPAM folder** or call us at **(916) 500-4989** for assistance.

◆ I can't hear or see my provider.

- ✓ Ensure your **microphone and camera** are enabled.
- ✓ Restart your device and rejoin the meeting.

◆ My internet is slow or disconnecting.

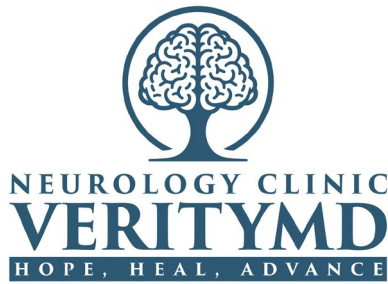
- ✓ Move closer to your Wi-Fi router or use a wired connection.
- ✓ Close other apps or devices using the internet.

◆ I got disconnected during the visit.

- ✓ Rejoin using the same link or **call our office** for support.
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Telehealth Billing & Insurance

💰 Does Insurance Cover Telehealth?




- **Most major insurance plans**, including **Medicare and Medicaid**, cover telehealth visits just like in-person visits.
- We will verify **your benefits before your appointment**.

What Payments Are Due?

- Co-pays, deductibles, and outstanding balances are due **before** your visit.
- Payments can be made securely online or by calling our office.

Telehealth Consent & Privacy

 Your telehealth visit is **HIPAA-compliant** and fully secure.

 By scheduling a telehealth visit, you consent to receive medical care via a virtual platform.

 All telehealth visits are **documented in your medical record** just like an in-office visit.

If you have any questions about **privacy, consent, or billing**, please call us at **(916) 500-4989**.