

Partners in Nephrology & Endocrinology Telehealth Technology Patient Consent

Patient Name: _____ Date of Birth: _____

You have been identified as a candidate for or have inquired about utilizing Telehealth Technology (“Telehealth”) to communicate with healthcare providers regarding your kidney care and treatment. Telehealth includes internet-based telecommunication and information technologies, including but not limited to audio and live video conferencing.

The Telehealth used will incorporate network and software security protocols to assist in protecting the confidentiality of patient identification and imaging data and will include reasonable and appropriate measures to safeguard the data against intentional or unintentional corruption.

Before NPS Physicians Pittsburgh, LLC d/b/a Partners in Nephrology and Endocrinology (“Partners in Nephrology and Endocrinology”) can facilitate a Telehealth visit or communicate with you via Telehealth, you must read and agree to the terms and conditions of this Telehealth Technology Patient Consent Form (“Consent”):

Anticipated Benefits:

- Improve access to kidney care.
- Efficiency in evaluation and management of kidney related conditions.

Possible Risks:

There are potential risks associated with the use of Telehealth that you should carefully consider. These risks include, but may not be limited to:

- The potential for a different, incomplete or less effective health care consultation and/or treatment as compared to a live, in-person visit. Physical assessment during a telehealth visit is limited via video conferencing and is reliant on patient reporting of physical symptoms.
- The possible failure, interruption, or disconnection of the audio/visual connection.
- Transmission of a video image that is not sufficiently clear to meet the needs of remote consultation and/or treatment as determined by the provider.
- A risk of unauthorized access to the Telehealth visit and/or treatment through the interactive connection by electronic tampering or similar means.
- A risk of the Telehealth visit being overheard and/or viewed by others in and around where the Telehealth visit is being conducted.

Financial Obligations:

Any financial obligations you have to healthcare providers may be the same when utilizing Telehealth as they are when visiting healthcare providers in person, including any applicable copay and coinsurance

responsibilities. If you are late to or miss an appointment, you may still be responsible for professional fees as charged by your provider. Please reach out to your provider for further information.

Conditions:

Partners in Nephrology and Endocrinology is not liable for improper disclosure of confidential information caused by you or any third party. Before Partners in Nephrology and Endocrinology can facilitate communications with you via Telehealth, you must acknowledge and consent to the following conditions:

- By signing this consent, you understand that Telehealth is not appropriate for urgent or emergency medical situations. If there is a medical emergency, you should immediately call 911 or seek help from your provider, hospital, or appropriate health care facility.
- You understand that individuals including facility staff, patients, and/or visitors may be present at Partners in Nephrology and Endocrinology's location who may incidentally overhear your Telehealth communications. Your care team will protect the confidentiality of your communications to the best of its ability and will meet the privacy and security standards and other safeguards required of it with regard to your protected health information ("PHI").
- Due to their professional role and/or licensure, certain individuals are legally required to report information (pursuant to state law on mandatory reporting – for example, reporting elder and dependent adult abuse) to the appropriate agency.
- You should take precautions to preserve the confidentiality of your communications via Telehealth, including, but not limited to, ensuring that you are located in an area that affords a degree of privacy before engaging in communications via Telehealth, limiting or completely avoid use public computers and public/insecure networks, using passcodes on your devices and using headphones. Partners in Nephrology and Endocrinology is not responsible for potential disclosures resulting from an internet connection that is not secure.
- If you have requested that another person listen in and assist with the telehealth visit, the other person should be listed on your Permission to Discuss Health Information form, or you will be asked to provide verbal consent allowing the other person to be involved in the communications.
- You understand that you can end any Telehealth conversation at any time if you are no longer comfortable continuing the conversation, without affecting your right to future care or treatment.

By signing this form, I understand the following:

- I understand that the laws that protect privacy and the confidentiality of medical information also apply to Telehealth, and that information obtained in the use of Telehealth which identifies me will only be disclosed pursuant to applicable laws and regulations.
- I understand that I have the right to inspect or access information obtained in the course of Telehealth interaction, and may receive copies of this information.
- I understand that it is my duty to inform all of my health care providers of services I receive via Telehealth just as I would for services received in person to facilitate coordination of care.
- I understand that I may expect the anticipated benefits from the use of Telehealth in my care, but that no results can be guaranteed or assured.
- This consent shall remain in effect for so long as I am a Partners in Nephrology and Endocrinology patient. I may revoke this consent at any time by providing written notice of such revocation to Partners in Nephrology and Endocrinology.

Patient Consent for the Use of Telehealth:

I acknowledge I have read and understand the information provided above regarding Telehealth, including the benefits, possible risks, and conditions of using Telehealth to communicate with healthcare providers regarding my end stage renal disease-related care and treatment, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of Telehealth in my medical care and treatment.

Patient Signature (or Person Authorized to Sign for Patient):

Signature: _____ Date: _____

If Authorized Signer, Authorized Signers Name: _____

If Authorized Signer, Relationship to Individual: _____