



TELEMEDICINE INFORMED CONSENT

- Our providers do not address medical emergencies. If you believe you are experiencing a medical emergency, you should dial 911 or go to the nearest Emergency Department.
- Our staff typically respond to requests for telemedicine appointments as they are able, usually the same day, during normal business hours. However, response times may vary.
- If you have a primary care provider outside of PrimeCare, please note our providers are an addition to, and not a replacement for, your primary care provider. Responsibility for your overall medical care should remain with your local primary care doctor, if you have one, and we strongly encourage you to locate one if you do not.
- PrimeCare is not collecting co-payments for telemedicine services at this time. Due to the COVID-19 pandemic, many health plans are expanding telemedicine coverage. We highly encourage you to verify your coverage with your health plan, as cost-sharing waivers are payer-specific.

BY MY SIGNATURE, I CERTIFY I HAVE READ, UNDERSTAND, AND AGREE TO THE FOLLOWING:

1. I have the right to withdraw consent to the use of telemedicine services at any time and receive in-person healthcare services with my provider.
2. I am physically located in Virginia. At the beginning of each telemedicine session, I agree to allow my provider to assess the suitability of using telehealth services by verifying my full name, current location, readiness to proceed, and whether I am in a situation conducive to private, uninterrupted communication.
3. PrimeCare and its providers are located in the Commonwealth of Virginia and licensed by the Virginia Board of Medicine.
4. PrimeCare's providers may not be able to assist me in the event of an emergency. If I require emergency care, I agree to call 911 or proceed to the nearest Emergency Department.
5. Evaluation and treatment recommendations made in an online setting, including issuing a prescription via electronic means, will be held to the same standards of appropriate practice as those in traditional, in-person encounters.
6. I may be refused telemedicine services if no practitioner-patient relationship exists. While each circumstance is unique, such practitioner-patient relationships may be established using telemedicine services provided the standard of care is met.
7. It is the role of the provider to determine whether my condition being diagnosed and/or treated is appropriate for a telemedicine encounter.
8. If at any time should my provider determines another form of services (i.e. traditional in-person visit) would be appropriate, my provider may discontinue telemedicine services. If my provider determines an in-person visit is more appropriate and requires the next available appointment, PrimeCare will not bill/charge for the telemedicine service rendered.
9. I will not be prescribed any narcotics for pain, nor is there any guarantee that I will be given a prescription at all.



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10. I may expect the anticipated benefits from the use of telemedicine in my care, but that no results can be guaranteed or assured.
11. I am comfortable with using electronic communications technology to communicate with PrimeCare and its providers. I understand there are limitations to the technology which may require an in-person visit at the direction of the provider.
12. I have the right to access my medical information and obtain copies of my medical records in accordance with the laws Commonwealth of Virginia.
13. Telemedicine services rendered to me will be billed to my health insurance company and that I will be billed for any patient responsibility as per my insurance.
14. The laws that protect privacy and the confidentiality of my medical information also apply to telemedicine services. PrimeCare's telemedicine service provider complies with the Health Insurance Portability and Accountability Act (HIPAA) Security Standards to ensure the security and privacy of patient data by employing industry-standard end-to-end Advanced Encryption Standard (AES) encryption using 256-bit keys.
15. PrimeCare's telemedicine services are conducted using an audio-visual, real-time, two-way interactive communication system and that no part of the live video encounter will be recorded without my written consent.
16. My risks of a privacy violation increase substantially when I enter information on a public access computer, use a computer that is on a shared network, or use my work computer for personal communications. I also understand my failure to use technical safeguards, such as encryption, increases my risks of a privacy violation if I electronically send information to my provider.
17. I acknowledge that I have received details on security measures taken with the use of telemedicine services, such as encrypting date of service, password protected screen savers, encrypting data files, or utilizing other reliable authentication techniques, as well as potential risks to privacy notwithstanding such measures.
18. I agree to hold harmless PrimeCare Family Care, Inc. and its providers for information lost due to technical failures and I provide my express consent to forward patient-identifiable information to a third-party necessary for data capture and storage should I consent to recording.

Patient Printed Name

Patient/Responsible Party Signature

Date