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Telehealth is healthcare provided by any means other than a face-to-face visit. In telehealth services, medical and mental health information is used for diagnosis, consultation, treatment, therapy, follow-up, and education. Telephone consultation, videoconferencing, transmission of still images, e-health technologies, the patient portal, and remote patient monitoring are all considered telehealth services.

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THIS AGREEMENT

I understand:

-Electronic medical communications carry some level of risk. All attempts are made to operate telehealth in a secure environment, however there are risks. It is easier for electronic communication to be forwarded, intercepted, or even changed without my knowledge and despite taking reasonable measures to prevent this. Electronic systems that are accessed by employers, friends, or others are not secure and should be avoided. It is important for me to use a secure network, it is possible that highly sensitive medical information will be communicated electronically such as information related to HIV/AIDS, sexually transmitted diseases, mental health, or addiction treatments.

-Despite reasonable efforts on the part of my healthcare provider, the transmission of medical information could be disrupted or distorted by technical failures.

-Information exchanged during my telehealth visit will be maintained by Mountain View Family Physicians. Medical information, including medical records, are governed by the federal and state laws that apply to telehealth.

-A medical evaluation via telehealth may limit my physician's ability to fully diagnose a condition or disease. As the patient, I agree to accept responsibility for following my physician's recommendations — including further diagnostic testing, such as lab testing, a biopsy, or an in-office visit.

-I will not record either through audio or video any telehealth session with my physician unless I notify my physician and this is agreed upon.

-The same fee rates apply for telehealth as for in-person treatment. Insurance coverage may be variable and it is my responsibility to determine if there are applicable co-pays or fees for which I am responsible. I will be solely responsible for the entire fee of the visit if not covered by my insurance.

-Portal communication with my physician is meant to be brief, succinct, and pertaining to existing medical issues, medications, or a recent visit. There may be charges submitted to my insurance company for portal communication requiring extended physician time, or medical judgement and intervention.

I understand that electronic communication should never be used for emergency communication or urgent requests.

Signature _____ Date _____