



THE MODERN COUNTRY DOCTOR, LLC

AUTHORIZATION AND CONSENT TO PARTICIPATE IN TELEMEDICINE CONSULTATION

The purpose of this form is to obtain your consent to participate in a telemedicine consultation with The Modern Country Doctor, LLC.

- 1) **Purpose and Benefits:** The purpose of this form is to obtain your consent to participate in telemedicine consultation in connection with your general primary care or chronic healthcare needs.

- 2) **Nature of Telemedicine Consultation:** During the telemedicine consultation:
 - a) Details of your medical history, examinations, x-rays, and tests may be discussed with other health professionals using interactive video, audio and telecommunications technology.
 - b) Physical examination of you may take place.
 - c) Nonmedical technical personnel may be present in the telemedicine studio to aid in video transmission.
 - d) Video, audio, and/or digital photo may be recorded during the telemedicine consultation visit.

- 3) **Medical Information and Records:** All existing laws regarding your access to medical information and copies of your medical records apply to this telemedicine consultation. Additionally, dissemination of any patient-identifiable images or information from this telemedicine interaction to researchers or other entities shall not occur without your explicit written consent, unless required by other existing confidentiality laws.

- 4) **Confidentiality:** Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telemedicine consultation. All existing confidentiality protections under federal and Pennsylvania state law apply to information disclosed during this telemedicine consultation. Per HIPAA guidelines The Modern Country Doctor has a signed Business Associates Agreement (BAA) that governs the preservation and maintenance of PHI in accordance with all HIPAA regulations.

- 5) **Risks and Consequences:** The telemedicine consultation will be similar to a routine medical office visit, except interactive video technology will allow you to communicate with a physician at a distance. At first you may find it difficult or uncomfortable to communicate using video images. The use of video technology to deliver healthcare and educational services is a new technology and may not be equivalent to direct patient to physician contact. Participating in a telemedicine consultation does not represent a guarantee that all medical needs may be addressed. At the conclusion of the telemedicine visit your provider may advise you receive care either in-person or at another separate facility. In addition, if at any time your provider feels your life or health are under immediate threat, we reserve the right to notify appropriate emergency care services.

- 6) **Rights:** You may withhold or withdraw consent to the telemedicine consultation at any time without affecting your right of future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

- 7) **Disputes:** You agree that any dispute arising from the telemedicine consultation will be resolved in Pennsylvania, and that Pennsylvania law shall apply to all disputes.



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I have been advised of all the potential risks, consequences and benefits of telemedicine. My health care practitioner has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I understand the written information provided above.

Signature: _____ Date: _____

Patient (or person authorized to give consent)

If signed by person other than the patient, please indicate relationship:

Witness: _____ Date: _____

APPENDIX A:

In accordance with current HIPAA guidelines and compliance The Modern Country Doctor, LLC and all staff communicate through HIPAA compliant channels. These communications may occur either by phone, app to app messaging within Elation EHR or Spruce Health, video calls, Spruce Visits, Secure Voicemail and Transcription and eFax. We do not as a routine communicate via standard email or SMS text messaging as there is a significant increase in the risk of third party interception of this information. The federal government has advised that you have the right to receive information via your preferred channels, including unencrypted channels, should you prefer them.

If you have a preference for additional means of communication, please provide your request, source and consent here and we will do our best to accommodate those preferences.

Signature: _____ Date: _____