



# TRIFECTA

13050 Magisterial Dr, Suite 100  
Louisville, KY 40223  
502-694-5450

## Patient Consent for Telehealth

You or your legal minor(s) are going to have a clinical encounter using videoconferencing technology with a provider at Trifecta Medical Group. You will be able to see and hear the provider and they will be able to see and hear you. Just as if you were in the same room. Since 1994, the technology has connected tens of thousands of patients and providers in Kentucky. The information may be used for diagnosis, treatment, therapy, follow-up and/or education.

Nurse Practitioners, physicians, and other medical personnel such as physician assistants and other types of providers such as registered nurses, speech-language pathologists, physical therapists, dieticians, psychologists, pharmacists, occupational therapists, optometrists, social workers, and behavioral analysts are called "providers" on this form.

### The Process:

You will log on to a device of your choice to navigate to the internet. Please utilize the Doxy.me link that was emailed to you. No downloads or additional software is required. Please log on to Doxy.me approximately 10 minutes prior to your scheduled telehealth appointment. If you are unsure of what is happening, you may ask questions of the provider. If you are not comfortable with seeing a provider on videoconference technology, you may reject the use of the technology and schedule a traditional face-to-face encounter when available. Safety measures are being used to ensure that this videoconference is secure, and no part of the encounter will be recorded without your written consent.

### Possible benefits of Telehealth include:

- Improved access to care. A patient can get services from anywhere in Kentucky.
- A patient can stay close to home, working with local healthcare providers to maintain continuity of care.
- Less time and expense for travel.

### Possible issues with Telehealth include:

- A telemedicine exam may not give the information needed to make a clinical decision.
- Technology problems may delay medical evaluation and treatment for the telehealth visit.
- Security measures may fail, causing a breach of privacy of personal medical information. This is very rare.
- Telehealth does not provide direct treatment, including emergency care.
- Lack of privacy at the patient's location or because the patient may use a non-secured or shared device.
- Interruption of the visit due to local factors or technology problems.

I understand the originating site provider may provide certain services using telehealth technology, including transmission of images, video and audio that are encrypted for privacy. I understand that these images will be used for diagnosis, treatment or consultation, as well as for educational purposes only within Trifecta Medical Group.

### By signing below, I understand the following:

1. This consent is in addition to any consent I gave for the care I or my legal minors are receiving.
2. This consent is for all the visits that include telehealth, and is valid for up to one year.
3. I am receiving telehealth services at the location of my choice, and I assume the risks that were discussed with me.

4. The laws that protect privacy and confidentiality of medical information also apply to telehealth. I have access to Trifecta Medical Group's Notice of Privacy Practices.
  5. I have the right to withdraw my consent to the use of telehealth in the course of my care at any time. This will not affect my right to future care or treatment.
  6. My provider will determine whether the condition being diagnosed or treated is appropriate for telehealth. If my provider believes I or my child(ren) would be better served by a traditional in-person office visit, he or she may at any time stop the telehealth visit and schedule an in-person visit for certain diagnosis and treatment or in the event of a technical failure.
  7. No results are guaranteed or promised by using telehealth for care.
  8. I or my insurance will be billed for telehealth services. I am responsible to Trifecta Medical Group for charges resulting from the services rendered using videoconferencing technology at their prevailing rates.
  9. If my provider sees or hears anything that shows I have an emergency medical condition, he or she may call 911.
  10. Law may require my provider to report certain events, such as self-neglect or if someone is in danger.
- I have read and understand the information provided above regarding telemedicine, and all of my questions have been answered to my satisfaction. I hereby give my informed consent for the use of telemedicine in my or my legal minor(s) care. I also consent to photographs of this video encounter being taken and stored in my patient file.

---

Signature of Parent or Guardian

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_