

Video/Telehealth Visit Consent/Terms and Conditions

Please review this Consent and Terms and Conditions carefully before using these Services. By providing my signature to the Video/Telehealth Visit Consent & Terms and Conditions, I acknowledge and agree to the following:

What is telehealth: Video/telehealth is a way to visit with a healthcare provider, such as your doctor or nurse practitioner outside of the clinic setting. You can talk to your provider from most any place in Oregon, including your home. We are unable to perform video visits if you are currently admitted to a hospital.

Medical Consent: I consent as the patient or guardian of the patient to the medical treatment rendered to myself or the patient during this video visit under the instructions of the attending provider. I understand I may be on video during this visit for documentation of my medical condition or treatment for quality review or safety reasons.

Financial: What you pay depends on your insurance. A video/telehealth visit costs no more than an office visit, however if your provider decides you need an in-person office visit, you may have to pay for both visits.

Patient Rights and Responsibilities: By signing this document I acknowledge my consent to treatment for myself (or patient) and financial responsibility. I understand I have the option of seeing a provider in person, if I so choose.

Video visits/Telehealth are available to patients with routine health issues; determined by your provider. If you are experiencing a medical emergency or urgent symptoms such as shortness of breath, chest pain, dizziness, weakness, confusion, high fever, sudden or major bleeding, severe rashes or hives, severe allergic reactions, or any other symptoms that might suggest a serious condition, CALL YOUR DOCTOR'S OFFICE, VISIT THE NEAREST HOSPITAL EMERGENCY DEPARTMENT, OR DIAL 911 IMMEDIATELY.

Video visits/Telehealth should be used only for certain non-urgent medical conditions. I will not attempt to seek emergency care through video/telehealth visits. If I have an urgent need to seek a medical provider, I will contact my provider's office by phone. For medical emergencies, I will call 911. My provider may terminate the video/telehealth visit and advise me to seek treatment from an in-person provider visit or the closest emergency department if at any time she/he determines my condition to be urgent or emergent.

Service interruptions due to technical difficulties may occur. My provider or I may discontinue the visit if videoconferencing connections are not adequate. I agree that if a problem occurs with the technology during my video/telehealth visit or if I feel that I am unable to appropriately communicate the nature of my condition to my provider through my video/telehealth visit, I will call or visit my provider's office in person.

Reasonable and appropriate efforts have been made to eliminate confidentiality risks associated with video/telehealth visits, and I understand that my provider will be in a private room during my video/telehealth visit. I understand that I am responsible for ensuring my privacy from others at my location, and I affirm that I will take precautions to ensure that my video visit cannot be viewed by others near me without my permission.

Video and audio will not be recorded by either party during the video/telehealth visit. The contents of the Video/Telehealth visit, messages between me and my provider as well as information that I have entered concerning my condition, may become a part of my permanent medical record and be available to those who participate in my care and treatment, now and in the future. This includes provider notes, written MyChart messages, electronically signed documents and the date and time of the visit. This information is generally held confidential, but may be used and disclosed by Salem Clinic in accordance with our Notice of Privacy Practices.

If I refuse treatment that is suggested for me or I do not complete a treatment protocol recommended to me, I will not hold Salem Clinic, P.C., nor any individual responsible for the consequences of my refusal or my decision not to complete my treatment.

Hardware/Software requirements for video/telehealth visits

Salem Clinic, P.C. is not responsible for the quality of your Internet connection or for the setup and operation of your computer, web camera, or other hardware. Problems related to your Internet connection or hardware should be directed to your Internet service provider or a qualified computer repair technician.

The following hardware is required:

- A desktop, laptop PC, or mobile device with video capability (such as the iPhone or Android smartphones)
- A web camera (external or integrated)
- If you are on mobile, you will need a front facing camera and working speaker phone, so that you can see and hear the provider at the same time they are seeing you
- A microphone (usually part of the web camera)
- High-speed internet connection

The following software is required:

- A web browser. Internet Explorer or Chrome on PCs (we have achieved unsatisfactory results with other browsers).
- If you are on mobile, you will need audio and video capability.
- If you are on desktop, you will need to install prerequisite software prompted by the video service. Go to our website salemclinic.org and select *Virtual Care* from the dropdown list of service; then click on the *Video Visits* icon.

Waiver of liability

I agree not to hold Salem Clinic, P.C. and its affiliated entities, or any of its directors, employees, consultants or agents liable for any loss, injury or claims of any kind resulting from MyChart/video/telehealth and messages. I understand that Salem Clinic, P.C. takes no responsibility for and disclaims any and all liability, including direct, consequential and indirect and punitive damages, arising from a breach of health record confidentiality resulting from my sharing or losing my password.

If Salem Clinic, P.C. discovers that I have misused or abused my MyChart/video/telehealth access privileges in any way, including acting as a proxy, Salem Clinic, P.C. may discontinue my participation in and access to MyChart and/or video/telehealth visits, without prior notice.

Salem Clinic, P.C. does not assume any responsibility for misuse of MyChart/video/telehealth services used by authorized persons.

Disclaimers

MyChart/Video/telehealth appointments may not be available at all times due to system failures, backup procedures, maintenance or other causes beyond the control of Salem Clinic, P.C. Access is provided on an "as-is, as-available" basis, and Salem Clinic, P.C. does not guarantee access to video/telehealth appointments at any particular time. During times when video/telehealth appointments are unavailable, please use other communication methods (e.g., telephone) to reach your health care provider. Salem Clinic, P.C. reserves the right to change and update these terms and conditions at any time.

Patient Name: _____

Signature of Patient or Legal Guardian: _____

Patient Date of Birth: _____

Today's Date _____

