



TELEHEALTH CONSENT

I authorize Island Direct Primary Care's contracted providers to provide me with their observations and recommendations regarding my medical condition and potential courses of action, using telehealth. "Telehealth" means the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions. The use of telemedicine involves the electronic communication of my medical information. I understand that Island Direct Primary Care offers telehealth technology services based in the state of Florida and its contracted providers will not perform an in-person physical examination during the telehealth consult. The providers will rely solely on the information telecommunicated. I authorize the Island Direct Primary Care contracted provider to consult with any other physician specialists whom they may choose to involve in my case if necessary.

I understand that I have the following rights with respect to the telehealth services performed by Island Direct Primary Care:

Right to withdraw. I have the right to withhold or withdraw my consent to telehealth at any time, without effecting my future right to healthcare or treatment and without risking the loss of my health coverage.

Access to information. I have the right to inspect all medical information transmitted during my Island Direct Primary Care telehealth consultation and may receive copies of this information for a reasonable fee.

Confidentiality. The laws that protect the confidentiality of medical information apply to telehealth, and no information or images from the telehealth interaction which identify me will be disclosed to other parties without my consent, except as permitted by law.

Communications. Patient acknowledges that communications with the Provider using e-mail, facsimile, video chat, instant messaging, and cell phone are not guaranteed to be secure or confidential methods of communications. ISLAND DPC currently utilizes HINT for membership management and Spruce Health for telehealth, both of which are compliant with Health Insurance Portability and Accountability Act (HIPAA) of 1996. As such, you expressly waive the provider's obligation to guarantee confidentiality with respect to correspondence using such means of communication. Patient acknowledges that all such communications may become a part of your medical records.

Emergency. In the event of an emergency, or a situation in which the member could reasonably expect to develop into an emergency, Patient shall call 911 or the nearest Emergency Department, and follow the directions of emergency personnel.

Island Direct Primary Care

John W Rothwell III, DNP, APRN, FNP-BC

390 N Courtenay Pkwy, Merritt Isl, FL 32953 • 321-392-6226

john@islanddirectprimarycare.com • www.islanddirectprimarycare.com



Neither ISLAND DPC, nor the provider will be liable to Patient for any loss, cost, injury, or expense caused by, or resulting from, a delay in responding to Patient as a result of technical failures, including, but not limited to, (i) technical failures attributable to any internet service provider, (ii) power outages, failure of any electronic messaging software, or failure to properly address e-mail messages, (iii) failure of the Practice's computers or computer network, or faulty telephone or cable data transmission; or (iv) your failure to comply with the guidelines regarding use of e-mail communications set forth in this paragraph.

I understand that there are risks from telehealth, including but not limited to: loss of records from failure of electronic equipment; power failure with loss of communication; and invasion of electronic records from outsiders (hackers). In addition, signs and symptoms that might be detected during an in-person physical examination may not be detected through telehealth communications. I understand that I have the option of seeing another physician on a face to face basis who could provide me with observations and recommendations.

I warrant that the Island Direct Primary Care provider observations and recommendations are limited in scope and nature to the specific issues discussed during the telehealth consult.

I have read and understand the information provided above. I agree with the information provided and consent to receiving the telehealth services described above.

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