SQUARE MEDICAL CENTER

SQUARE MEDICAL CENTER
CONSENT TO TELEHEALTH

Telehealth Services

Square Medical Center provides certain health care services through telehealth using secure electronic communications, including real-time audio and video. Before each encounter, the patient may be asked to confirm identity, current physical location, and contact information. Services will only be provided when the patient is located where the treating provider is authorized to practice.

Nature and Limitations of Telehealth

I understand that telehealth may be used for evaluation, diagnosis, treatment, medication management, follow-up care, review of diagnostic results, and care coordination. Telehealth has limitations compared with an in-person examination. My provider may recommend an in-person evaluation, testing, urgent or emergency care, or referral when clinically appropriate.

Technology and Privacy

Square Medical Center uses reasonable safeguards to protect telehealth communications and health information. Technical problems such as poor audio/video quality or loss of connection may occur. If this happens, the provider may reconnect, contact me by another appropriate method, reschedule, or recommend another form of care. I agree to participate from a reasonably private location whenever possible.

Prescriptions

I understand that a telehealth evaluation does not guarantee a prescription. When clinically appropriate, prescriptions may be sent electronically to my selected pharmacy. The provider may require an in-person evaluation, examination, testing, or additional information before prescribing.

Emergencies

Telehealth is not a substitute for emergency medical care. For a medical or psychiatric emergency, severe or life-threatening symptoms, or immediate risk of harm to myself or another person, I should call 911 or go to the nearest emergency department. For a mental health or suicide-related crisis in the United States, I may also call or text 988.

Patient Responsibilities

I agree to provide complete and accurate information about my medical history, medications, allergies, symptoms, and other information relevant to my care. I am responsible for following treatment instructions and seeking additional or emergency care when advised.

Voluntary Consent

I understand the nature, benefits, limitations, and potential risks of telehealth. I have had the opportunity to ask questions and understand that I may request an in-person visit or decline telehealth when appropriate and available.

By signing below, I voluntarily consent to receive health care services from Square Medical Center through telehealth.

_____	_____	_____
Patient Full Name	Signature	Date