Idaho Skin Surgery Center, P.C.
Mohs Micrographic & Dermatologic Surgery
Disorders of the skin, hair, & nails
Jared Scott, M.D.
Jessie Zimmerman, PA-C
Holly Wolf, PA-C
1906 S. Vista Ave
Boise, ID 83705
(208) 433-1114
idahoskinsurgerycenter.com

# CONSENT TO TELEHEALTH VISIT

**Purpose.**
The purpose of this form is to obtain written consent for telehealth visit(s) with a provider in our office.

**How Telehealth Works.**
In a telehealth visit, you will interact in real time with your provider via secure online videoconferencing technology. Alternatively, the provider may give you the option of submitting photo and chief complaint via secured electronic messaging. Your provider has the right to discontinue or not provide a consult via videoconference or secure electronic messaging should the videoconference connection or forwarded image be of poor quality. You may be required to make an in-person appointment for further evaluation should this occur. The provider will look at the patient's skin during the videoconference or review the photos you submitted. The provider will then give you advice about your dermatologic condition and how to treat and take care of your condition. The information from the provider may not be the same as a face-to-face visit as sometimes a definitive diagnosis cannot be made via videoconference.

**Pros, Cons and Your Options.**
With telehealth, a provider will advise you based on viewing your condition during a videoconference or based on the photos that were submitted electronically. Sometime a face-to-face follow-up visit with the provider may still be necessary. If you choose not to come in for an in-person follow-up visit, the providers advice will be solely based on the viewing of your skin condition during a videoconference or on the information and images that you provided electronically. In the absence of an in-person physical evaluation, the provider may not be aware of certain facts that may limit or affect his or her assessment or diagnosis of your condition and recommended treatment. It is possible that there will be errors or deficiencies in the transmission of the images of your skin condition during the videoconference or in the photos submitted electronically that may impede the providers ability to advise you about your condition. Also, very rarely, security measure can fail to protect your personal information. However, the company that is providing the technology for your telehealth visit has extensive security measures in place to prevent such failures from happening.

**Presence of Others During Telehealth Visit.**
There will be at least one additional person present during the exam to act as a scribe in order to document the findings during the visit. Additional people may also be present during the visit and can include resident doctors, medical students, or nurses. If any additional people will be present, we will obtain your verbal consent for them to remain in the room during the videoconference. Should they remain in the room they will be supervised by the provider and the final recommendations about your care will come from your provider only. If you are uncomfortable having a person other than the provider and the scribe present during the videoconference, you may ask them to leave the room.

**Medical Information and Records.**
Medical records relevant to any telehealth visit will be recorded in your chart and will be subject to all federal and state laws covering access to those records. No one other than the health care team described above can view your photos or personal information unless you agree to give them access.

Idaho Skin Surgery Center, P.C.
Mohs Micrographic & Dermatologic Surgery
Disorders of the skin, hair, & nails
Jared Scott, M.D.
Jessie Zimmerman, PA-C
Holly Wolf, PA-C
1906 S. Vista Ave
Boise, ID 83705
(208) 433-1114
idahoskinsurgerycenter.com

**Privacy.**
All information given at your telehealth visit will be maintained by your provider, other health care providers, and health care facilities involved in your care and will be protected by federal and state privacy laws.

**Your Rights.**
You may opt out of telehealth visits at any time. This will not change your right to future care or health benefits.

**Waiver/Release.**
By signing below, you understand and agree that you solely assume the risk of any errors or deficiencies in the electronic transmission of information during your telehealth visit or in the electronic submission of the images to your provider. You further understand that no warranty or guarantee has been made to you concerning any particular result related to your condition or diagnosis. To the extent permitted by law, you also agree to waive and release your provider and Idaho Skin Surgery Center, P.C. as an entity, from any claims you may have about this advice or telehealth visit in general. The consent provided in this document will expire one year from the date that it is signed, but your waiver and release shall apply indefinitely for any telehealth visits that occur during the one-year period after your signature date.

**Consent.**
My physician has offered to answer all inquires concerning the proposed telehealth visit. I understand that I am free to withhold or withdraw consent to the proposed telehealth visits at any time. I have read this form, understand the risks and benefits of the telehealth visit, and agree to such a visit under the terms explained above.

Date: _____ Signature_____
(Patient or person authorized to consent for patient)

Date: _____ Witness Signature_____
(Required if the patient is unable to sign.)