

Consent for Treatment and Acknowledgment of the Notice of Privacy Practices



CONSENT FOR TREATMENT

I consent to all necessary and reasonable medical examinations, laboratory and diagnostic testing and treatment by Premise Health. I voluntarily request the provider to explain the nature, risks, and purpose of a medical examination, testing, and treatment, including possible alternatives if I do not consent to treatment. I understand that I can change my mind about treatment. If I have any questions about my examination, testing, or treatment, Premise Health and the provider will not proceed, unless it is an emergency, until such questions have been answered so that I am fully informed.

I acknowledge that it is important to give all relevant medical information to Premise Health and my provider and to the extent that additional examinations, testing, or treatment are needed and recommended, it may be necessary for me to read and sign additional consents.

I am aware that no guarantee is made concerning a final medical result, outcome, or cure.

To better serve patients, Premise Health offers some health care services with combinations of asynchronous, interactive video communications, telephone, and/or by the electronic transmission of information. This may assist in the evaluation, diagnosis, management and treatment of certain health conditions. This process is referred to as “telemedicine” or “telehealth.” In a telehealth encounter, you may be evaluated and treated by a health care provider from a distant location. Since this may be different than the traditional evaluation, it is important that you read, understand, and agree to the following:

- At my option, Premise Health may provide some services via telehealth. Telehealth offers convenient, timely access to healthcare services but is not always a substitute for face-to-face consultations. I understand that, as with any technology, telehealth has limitations. Though unlikely, it is possible some information may be lost due to technical failures. Ultimately, my healthcare provider may determine that telehealth is not an appropriate means of addressing my condition(s). I understand the appropriate use of telehealth is a decision that can only be made by my provider.
- I understand that I can withdraw my permission at any time and that I do not have to answer questions that I consider to be inappropriate or am unwilling to have heard by other medical professionals in the room with the provider. Nonetheless, I am aware healthcare confidentiality standards apply to telehealth sessions just as they would to any other healthcare encounter. While any communications may be recorded, and may be added to my medical records, these recordings and records remain confidential. Premise Health's electronic communications portal encrypts all data transmissions and authenticates all users prior to accessing any healthcare data. I recognize that despite these security measures, data compromises remain possible, though unlikely.
- By executing this consent, I authorize this electronic transmission of information. I understand that if I do not choose to participate in a telehealth session, no action will be taken against me that will cause a delay in my care and that I may still pursue face-to-face consultation. I also authorize the information from a telehealth encounter to be forwarded to my primary care provider if my primary care provider is different from the telehealth provider. I MAY DECLINE TO AUTHORIZE FORWARDING TO MY PRIMARY CARE PROVIDER IF NOT A PREMISE HEALTH PROVIDER.

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I have read this Consent for Treatment or have had it read to me, and it has been explained to my satisfaction. I understand that this Consent for Treatment is valid from the date that I sign it until the physician-patient relationship is terminated; a new healthcare representative is appointed; or I revoke consent. I understand that any proposed invasive diagnostic or treatment procedure will require separate informed consent.

“Premise Health” means Premise Health Employer Solutions, LLC along with its affiliated entities and professional organizations, including its professional, technical, and administrative staff providing services as part of the Premise Health clinic.

ACKNOWLEDGEMENT OF NOTICE OF PRIVACY PRACTICES:

I have received the Premise Health Notice of Privacy Practices either today or at a past visit and acknowledge that I can receive a copy at my request or from the Premise Health website (www.premisehealth.com).

By signing below, I consent to treatment by Premise Health, including any treatment I choose to receive via telemedicine, and I acknowledge receipt of the Premise Health Notice of Privacy Practices:

Patient/Personal Representative Signature

Date

Patient/Participant Name (please print)

Date of Birth

Relationship of Personal Representative (parent/legal guardian): _____

FOR SITE USE ONLY

We attempted to obtain written acknowledgement of receipt of our Notice of Privacy Practices, but acknowledgement could not be obtained because:

_____ Patient did not sign or refused to sign

_____ Communication barriers prohibited obtaining the acknowledgement

_____ An emergency prevented us from obtaining acknowledgement

_____ Other (Please describe: _____)