



Casper Women's Care, PC

770 East 2ND Street
Casper WY, 82601
Phone: 307-237-5510
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TeleMedicine Consent

For convenience and cost-efficiency, limited healthcare services are available by two-way interactive video communications and/or by the electronic transmission of information. Referred to as "telemedicine" or "telehealth," This means that an individual may be evaluated and treated by either Carrie Merrill, DO and/or Catherine Monhollen, APRN from a different location. Since this is different than the type of consultation with which you are familiar, **you must certify that you understand and agree to the following:**

1. The healthcare provider or specialist will be at a different location from me.
2. The healthcare provider may transmit (or share electronically) details of my medical history and current status, and all test results if it is necessary for treatment. These details will be discussed with the provider, who is at a different location.
3. The types of transmission permitted include, but are not limited to; assessment and patient education, a limited physical exam, new prescriptions or medication refills, a referral for lab work, imaging, or assessment by another specialty. I understand that the provider determines what is or is not appropriate for a telehealth encounter.
4. I will be informed if any additional personnel are to be present other than myself or the healthcare provider, and I will give my verbal permission prior to any additional personnel being present.
5. I understand that I must sign a Consent for Disclosure for any individuals accompanying me at my telemedicine appointments.
6. Video recordings may be taken of the telehealth consultation, after I have given my written permission prior to the recordings.
7. The healthcare provider who performs the exam or treatment will keep a record of the visit in my medical record. My personal information is protected with passwords and data encryption.

Noting above, I understand that my participation in the process described (called "telemedicine or "telehealth") is voluntary.

RELEASE OF INFORMATION: All existing laws regarding access to your medical information and copies of your medical records, including the Health Insurance Portability and Accountability Act (HIPAA) apply to this consultation. Additionally, sharing patient-identifiable images or information from this telehealth interaction to researchers or other entities shall not occur without my consent. I further understand that **I have the right to:**

1. Refuse the telehealth consultation or stop participation in the telehealth consultation at any time.
2. Limit any physical examination proposed during the telehealth consultation.
3. Request that the healthcare provider refrain from transmitting my information if I make the request before the information is transmitted.
4. Request that nonmedical personnel leave the room at any time.

I acknowledge that the health care providers involved, and/or the staff of Casper Women's Care, PC, have explained this information in a satisfactory manner and that all the questions that I have asked about the consultations have been answered in a manner satisfactory to me or to my representative. Understanding the above, I consent to the telehealth process described above.

Patient's Name Printed

Patient's DOB

Patient or Representative Signature

Date of Signature

Signature of Casper Women's Care Staff Witness

Date of Signature