

Informed Consent for Telehealth Services

Prime Vitality Care — San Antonio, TX

What Is Telehealth?

Telehealth (also known as telemedicine) involves the delivery of healthcare services using interactive audio-visual technology (video and/or audio) that enables a provider and patient to communicate in real time when they are not in the same physical location. This allows for consultation, diagnosis, treatment, and follow-up care without requiring an in-person visit.

Services Provided via Telehealth

Telehealth services at Prime Vitality Care may include:

- Initial and follow-up medical consultations
- Review of laboratory results and diagnostic imaging
- Medication management and prescription adjustments
- Hormone therapy and peptide therapy monitoring
- Weight management and functional medicine consultations
- Mental health screenings and lifestyle counseling
- Pre-operative and post-procedure follow-up assessments

Benefits of Telehealth

- Improved access to care without travel time or transportation barriers.
- Greater convenience and scheduling flexibility.
- Reduced exposure to contagious illnesses in waiting rooms.
- Continuity of care when travel, weather, or mobility issues prevent in-person visits.

Risks and Limitations

I understand the following risks and limitations of telehealth:

- Telehealth relies on technology and internet connectivity. Technical difficulties may delay or prevent service delivery.
- The provider may not be able to perform a physical examination; some conditions may require an in-person visit for accurate diagnosis or treatment.
- In rare cases, information transmitted may not be sufficient to allow for appropriate medical decision-making.
- Despite reasonable security measures, there is a potential risk that electronic communications could be intercepted by unauthorized parties.
- Delays in medical evaluation and treatment could occur due to technology failures or limitations.
- A lack of access to complete medical records may result in adverse interactions or allergic reactions to prescribed medications.

Texas State Requirements

In accordance with Texas law, I understand that:

- The distant site provider must obtain informed consent to treatment prior to rendering a telemedicine medical service or telehealth service.
- An in-person examination may be required before any irreversible medical procedure is initiated.
- If I have a primary care provider who is different from the telehealth provider, and I consent to a release of information, the telehealth provider will share a medical record, evaluation, analysis, or diagnosis with my primary care provider.

- I have the right to request an in-person visit at any time in lieu of a telehealth visit.

Technology and Privacy

Prime Vitality Care uses HIPAA-compliant video and communication platforms for all telehealth visits. However, I understand that:

- I am responsible for ensuring a private, quiet environment on my end during the telehealth visit.
- I should not record the telehealth session without the express consent of my provider.
- I must provide accurate location information so my provider can arrange emergency services if needed.
- I agree to provide a valid phone number in case of technology failure requiring an audio-only backup.

Emergency Situations

Telehealth is not appropriate for medical emergencies. If I experience a medical emergency during or outside of a telehealth visit, I will immediately call 911 or go to the nearest emergency room. I understand that my provider may not be able to provide emergency assistance via telehealth.

Right to Withdraw Consent

I may withdraw this consent at any time, either verbally or in writing. Withdrawal of consent will not affect my ability to receive future in-person care at Prime Vitality Care. I understand that some services may not be available without telehealth consent.

Patient Acknowledgment

- I have read, understand, and agree to the terms of this telehealth consent.
- I understand the risks, benefits, and limitations of telehealth services.
- I have had the opportunity to ask questions and my questions have been answered.
- I voluntarily consent to receive healthcare services via telehealth.
- I understand that this consent remains in effect for all future telehealth visits unless I revoke it in writing.

Patient Name (Print)

Date

Patient Signature

Provider Name (Print)

Date

Provider Signature