

Ameri-Cal Weight Clinic Telemedicine Release Form

Telemedicine allows the delivery of healthcare services using electronic means between healthcare providers and patients that are not in the same physical location. Telemedicine may be used to help educate patients, diagnose, treat, and provide means for follow-up visits. Ameri-Cal Weight Clinic (ACWC) uses network and software security protocols to protect our patients' privacy and patient's Protected Health Information (PHI).

Telemedicine is a relatively newer means to deliver healthcare to patients. It comes with both possible benefits and possible risks. Telemedicine does have its limitations and it can only treat certain conditions. It is not a substitute for a PCP, medical sub-specialist care, face-to-face clinician-patient interactions, hospital services, and/or emergency services.

Telemedicine can offer fast, convenient, relatively inexpensive, and simple access to a healthcare provider for treatment of many common illnesses/healthcare needs without an appointment from the comfort of where you are.

Telemedicine by its nature fails to provide the medical clinician the ability to place their hands upon the patient for a thorough physical exam. Much is gained from such physical exams. Test, in general, cannot be performed via healthcare provided by a Telemedicine visit. Commonly checked vital signs cannot be performed by the healthcare provider during a Telemedicine visit. These limitations cause an increased risk of failing to establish an accurate definitive diagnosis. This can lead to treatment that fails to appropriately treat the actual condition that the patient has. Delays in proper testing, diagnosis, and treatment exist with Telemedicine. A patient may have a desire to have a certain condition treated via Telemedicine, but due to the nature of the condition it may not be possible to provide treatment for the requested need. Some medications, such as many controlled substances, cannot be prescribed from a Telemedicine visit. Some state or federal regulations may prevent/restrict a provider from providing certain care to patients via Telemedicine.

By accepting ACWC's Terms of Service you acknowledge understanding and are agreeing to all contained within these Terms/documents. Agreeing to our Terms is confirmation that you have carefully read and understand the risks and benefits of services provided by ACWC. Additionally, you understand that:

Just like all other electronic platforms your private information housed by ACWC could be at risk
of unauthorized access. This statement is true even though ACWC uses network and software
security protocols to protect its patients' privacy and its patient's Protected Health Information
(PHI). I will not hold ACWC responsible for loss of my information/security breach as long as
ACWC was following standard protocols to ensure the safety of my information.

- 2. That ACWC cannot guarantee any results from its treatments. That my medical condition can worsen despite treatment from ACWC, and that I may ultimately need to see a healthcare provider outside of the ACWC system at my own expense to treat a condition that I originally sought to have treated by ACWC.
- 3. That the rights afforded me via the Health Insurance Portability and Accountability Act (HIPAA) are enforce regardless of the means by which healthcare is provided to me (i.e. face-to-face visit in a physical clinic, Telemedicine visits, etc.).
- 4. That even though licensed medical healthcare providers work with ACWC they exercise their own independent medical judgment/treatment. That healthcare providers that work in conjunction with ACWC will share my health information with the rest of ACWC.
- 5. That I understand, and accept, that it is reasonable that all aspects of the technology/processes/policies/operations of ACWC are not fully described here, and that I have voluntarily elected to seek treatment via ACWC.
- 6. That ACWC will not share my information with any third parties unless they specifically request to do so, and I explicitly agree for them to do so. If I do consent to have ACWC share my information to a third party that third party/parties would have to be named specifically and my consent would apply only to the specific third party/parties that I agreed to have my information shared to.

Print Name_____

Signature_____

Date_____