
WOMEN'S HEALTH PARTNERS, LLC

6859 SW 18th STREET, BOCA RATON, FL 33433
(561)368-3775

7545 W. BOYNTON BEACH BLVD, FL 33437
(561)734-5710

Telehealth involves the use of secure electronic communications, information technology, or other means to enable a healthcare provider at one location, and a patient in another location to share individual patient clinical information for the purpose of consulting with, diagnosing, treating, prescribing, and/or referring the patient to in-person care, as determined clinically appropriate. This “**Telehealth Informed Consent**” informs the patient (“**patient,**” “**you,**” or “**your**”) concerning the treatment methods, risks, and limitations of using a telehealth platform.

Services Provided:

Telehealth services offered by Women's Health Partners (“**Practice**”), and the Practice's engaged providers (our “**Providers**” or your “**Provider**”) may include a patient consultation, diagnosis, treatment recommendation, prescription, and/or a referral to in-person care, as determined clinically appropriate (the “**Services**”). Your Provider will be licensed in the state where you are located at the time of your consultation, or otherwise meet a professional licensure exception under applicable state law.

Electronic Transmissions:

The types of electronic transmissions that may occur using the telehealth platform include, but are not limited to:

- Appointment scheduling.
- Completion of medical intake forms.
- Exchange and review of patient medical intake forms, patient health records, images, diagnostic and/or lab test results via asynchronous communications.
- Two-way interactive audio in combination with store-and-forward communications between you and your Provider.
- Two-way interactive audio-video interaction between you and your Provider.
- Review and treatment recommendations by your Provider based upon output data from medical devices and sound and video files.
- Delivery of a consultation report; and/or

- Other electronic transmissions for the purpose of rendering clinical care to you.

Expected Benefits:

- Improved access to care by enabling you to remain in your preferred location while your Provider consults with you.
- Easy access for follow-up care. If you need to receive non-emergent follow-up care related to your treatment
- More efficient care evaluation and management and may be used during regular office hours or for after-hours care.

Service Limitations:

- The primary difference between telehealth and direct in-person service delivery is the inability to have direct, physical contact with the patient. Accordingly, some clinical needs may not be appropriate for a telehealth visit and your Provider will make that determination.
- **OUR PROVIDERS DO NOT ADDRESS MEDICAL EMERGENCIES. IF YOU BELIEVE YOU ARE EXPERIENCING A MEDICAL EMERGENCY, YOU SHOULD DIAL 9-1-1 AND/OR GO TO THE NEAREST EMERGENCY ROOM. PLEASE DO NOT ATTEMPT TO CONTACT OUR OFFICE OR YOUR PROVIDER.**
- If it is determined during the initial screening of the telehealth visit that you should be seen in person, either in your Provider's office or in a recommended facility, you will not be charged for the telehealth visit. Appropriate emergency questions will be asked at the beginning of the telehealth visit that will determine what will be the best place for you to receive care.

Security Measures:

The electronic communication systems we use will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data and to ensure its integrity against intentional or unintentional corruption. All the Services delivered to the patient through telehealth will be delivered over a secure connection that complies with the requirements of the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”).

Potential Risks:

- Delays in evaluation and treatment could occur due to deficiencies or failures of the equipment and technologies, or provider availability.
 - In the event of an inability to communicate as a result of a technological or equipment failure, please contact the Practice at 561 368-3775 or 561 734-5710.
 - The quality of transmitted data may affect the quality of services provided by your Provider. Changes in the environment and test conditions could be impossible to make during delivery of telehealth services.
 - In rare events, your Provider may determine that the transmitted information is of inadequate quality, thus necessitating a rescheduled telehealth consult or an in-person meeting with your provider.
 - In very rare events, security protocols could fail, causing a breach of privacy of personal medical information.
 - In rare events, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other clinical judgment errors.
4. I understand that alternatives to telehealth consultation, such as in-person services are available to me, and in choosing to participate in a telehealth consultation, I understand that some parts of the Services involving tests (e.g., labs or bloodwork) may be conducted by individuals at my location, or at a testing facility, at the direction of our Providers.
 5. I understand that I may expect the anticipated benefits from the use of telehealth in my care, but that no results can be guaranteed or assured.
 6. I understand that it is necessary to provide a complete and accurate medical history and will update my medical health records periodically, but no less than once a year.
 7. I understand persons may be present during the consultation other than my Provider in order to operate the telehealth technologies. I further understand that I will be informed of their presence in the consultation, and their role, and thus will have the right to request the following: (1) omit specific details of my medical history/examination that are personally sensitive to me; (2) ask non-medical personnel to leave the telehealth examination; and/or (3) terminate the consultation at any time.

Patient Acknowledgments:

By checking the box associated with "Telehealth Informed Consent," you acknowledge that you understand and agree to the contents above and further agree with the following:

1. I understand that if I am experiencing a medical emergency, that I will be directed to dial 9-1-1 immediately and that our Providers are not able to connect me directly to any local emergency services.
2. I understand there is a risk of technical failures during the telehealth encounter beyond the control of the Practice. I agree to hold harmless the Practice for delays in evaluation or for information lost due to such technical failures.
3. I understand that I have the right to withhold or withdraw my consent to the use of telehealth in the course of my care at any time, without affecting my right to future care or treatment. I understand that I may suspend or terminate use of the telehealth services at any time for any reason or for no reason.
8. I understand I have the right to object to the videotaping of the telehealth consultation.
9. I understand there is no guarantee that I will be treated by our Providers. Our Providers reserve the right to deny care for potential misuse of the Services or for any other reason if, in the professional judgment of our Providers, the provision of the Service is not medically or ethically appropriate.
10. I understand that federal and state law requires health care providers to protect the privacy and the security of health information. I understand that Practice will take steps to

make sure my health information is not seen by anyone who should not see it. I understand that telehealth may involve electronic communication of my personal medical information to other health practitioners engaged by Practice who may be located in other areas, including out of state.

11. I understand that my healthcare information may be shared with other individuals for scheduling and billing purposes.

12. I understand that I may or may not be covered under my current health insurance plan for telehealth services. Insurance coverages have been changing rapidly due to multiple factors. Your insurance or you (self-pay) will be billed at our usual rates for office visits and you are responsible for payment, copays or deductibles. I agree to pay any costs I incur for the visit.

PATIENT'S NAME AND DATE OF BIRTH

PATIENT'S SIGNATURE

DATE

If signing on behalf of a minor:

PARENT/LEGAL GUARDIAN'S NAME

PARENT/LEGAL GUARDIAN'S SIGNATURE

DATE

Patient Informed Consent

I have carefully read this form and fully understand its contents, including the risks and benefits of the telehealth services. I hereby give my informed consent to participate in a telehealth consultation under the terms described herein. By checking the box associated with "Telehealth Informed Consent", I acknowledge that I understand and agree with the above and hereby consent to receive Practice's telehealth services:

ACCEPT. By checking the Box for this "TELEHEALTH INFORMED CONSENT" I hereby state that I have read, understood, and agree to the terms of this document.

WOMEN'S HEALTH PARTNERS, LLC

6859 SW 18th STREET, BOCA RATON, FL 33433
(561)368-3775

7545 W. BOYNTON BEACH BLVD, FL 33437
(561)734-5710

Telemedicine Instructions and Tips

Tips for a Successful Telemedicine Video Visit

- Check your internet connection
- Make sure your audio and video are working
- Find a quiet, private location if possible
- Check your lighting
- Write down problems and questions ahead of time
- Dress appropriately for the visit
- Consider using headphones
- Consider using a computer instead of your smart phone
- Have easy access to any medical reports or information you want to share with the medical provider
- Check your vital signs (weight, blood pressure if you have a home BP monitor, pulse/heart rate)
- Be an active participant in the exam

Simple Steps to Log into your Telemedicine Visit

- You can use phone, tablet, laptop or desktop
 - Laptops or desktops generally have fewer interruptions
- **You must have a connection to the internet**, hardwired internet or Wi-Fi connection
 - **Smart Phones will work but only if you are also connected to Wi-Fi**
- **You must use Chrome/Firefox(Android)/or Safari(iPhone)**. These browsers allow for your mic and camera to work properly
 - In the search bar at the top enter your providers web address for telemedicine in the URL search bar
 - **Doxy.me is the platform used by WHP providers.**
 - ****YOUR PROVIDER WILL PROVIDE YOU WITH HIS/HER PERSONAL WEB ADDRESS DURING THE VISIT CHECK-IN PROCESS****
- You will be prompted to enable your webcam. **Please enable and accept access to your webcam and microphone.**
- You will enter your name and click "Check In"
- You will appear in the providers que as "Arrived" and you will be in the virtual waiting room for your provider.
- Please be patient in the virtual waiting room and know that your provider is working diligently to get to your visit.

How to check in for your video visit

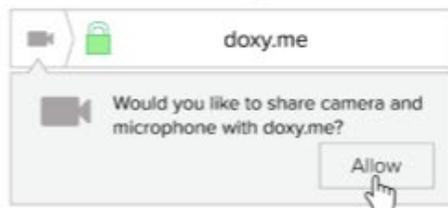
1 Use a computer or device with camera/microphone



2 Enter your clinician's doxy.me web address into the browser



3 Allow your browser to use your webcam and microphone



4 Type in your name and click check in



5 Your care provider will start your visit

Call Tips

- Make sure you have a good internet connection
- Restart your device before the visit
- Test your camera and mic from the waiting room
- Need help? Send us a message  <https://doxy.me>