I consent to telehealth/telemedicine care performed by my physician and all other associated health care providers at **Trinity Family Medicine** This includes examinations, diagnostic testing, treatment and other health care services deemed medically necessary in the Providers' professional judgment. I understand that the practice of medicine is not an exact science and that diagnosis and treatment may cause injury or even death. I also understand that I have the option to refuse the delivery of health care services by telehealth/telemedicine at any time without affecting my right to future care or treatment, and without risking the loss or withdrawal of any benefits to which I would otherwise be entitled. If I am pregnant, this consent also applies to my fetus. Consent for Telehealth/Telemedicine Services: Telehealth/Telemedicine involves transmission of video, photographs, and/or details of my medical record such as x-rays and test results (collectively "Data"). All Data is sent by secure electronic means to the Providers to facilitate the medical service being performed. I understand that:

- I will be informed of any other people who are present at either end of the telehealth/telemedicine encounter and have the right to exclude anyone from either location.
- All confidentiality protections required by law or regulation will apply to my care.
- I have the right to refuse or stop participation in telehealth/telemedicine services at any time and request alternative services such as an in-person appointment when applicable. However, I understand that the equivalent in-person services might not be available at the same location as the teleheath/telemedicine services.
- If I do not want to receive health care services by telehealth/telemedicine, it will not affect my right to future care or treatment, or any insurance/program benefits to which I would otherwise be entitled.
- If an emergency occurs during a telehealth/telemedicine encounter, 911 will be called. Records and Release of Information Transmitted Data may become part of my medical record. Data will not be transmitted to people outside of my health care team except as described below, and/or if I provide additional consent.
- I will have access to all of the information in my medical record resulting from the telehealth/telemedicine services that I would have for a similar in-person visit, as provided by federal and state law. • The Provider may use or disclose my health information for treatment, continuity of care, payment, or internal operations, or when required by law or regulation in certain unique situations.
- All releases of information are subject to the same laws and regulations as in-person care Payment Agreement/ Assignment of Benefits I agree to be responsible for any co-payments, deductibles, or other charges from the Providers and their providers that are not covered or paid by insurance or their third party payors—except as prohibited by any state or federal law, or any agreement between my insurance company and the Providers of **Trinity Family Medicine** I authorize the Providers and **Trinity Family Medicine** to file claims for payment of any portion of the patient's bills and assign all rights and benefits payable for healthcare services to the provider or organization providing the services. **Trinity Family Medicine** may use off-site employees for various office-based tasks. These employees may be located inside or outside of the United States. When using remote employees, our practice ensures that all communication systems are HIPAA compliant using third-party systems.I agree, subject to state and federal law to pay all costs, attorney fees, expenses, delinquent charges, and interest in the event the Providers or **Trinity Family Medicine** have to take actions to collect the same because of my

failure to pay all incurred charges in full. It is my responsibility to know what providers and telehealth/telemedicine services are covered under my insurance plan. I understand that I may be billed and agree to pay all bills submitted by the Providers, **Trinity Family Medicine** and/or other providers involved with the provision of telehealth/telemedicine services. Consent to be Contacted (Telephone Consumer Protection Act): By providing a telephone number (landline or cellular) or other wireless device, I agree that in order for the Providers, **Trinity Family Medicine** and/or other providers involved with the provision of telehealth/telemedicine services to service my account(s) (including contacting me about appointment reminders, surveys, obtaining potential financial assistance for my account(s)), or to collect any amounts that I may owe, the Providers, **Trinity Family Medicine** and/or other providers involved with the provision of telehealth/telemedicine services may contact me at the telephone number(s) provided which could result in charges to me. I expressly consent that methods of contact may include SMS text messages, phone calls, including automated technology such as an auto-dialing device, pre-recorded messages, and artificial voice messages as applicable. This consent applies to all services and billing associated with my account(s) and is not a condition of purchasing services.

By proceeding, you agree to the above consent for treatment and services through Telehealth/Telemedicine.