



## Telehealth registration instructions

- All new patients will be required to provide, either by fax or by email, all registration forms (available by download on clinic web page, if you are unsure of which forms you need please call for clarification)
- All new patients will be required to email a photo copy of ID and insurance cards. In the case of cash pay office visit patient will be required to call the office to determine if they meet current requirements to come to the office.
- Once all documents have been received by the office you will receive a phone call from our office to assist you with setting up a telehealth appointment.
- Email: [physicals@pulseurgentcare.com](mailto:physicals@pulseurgentcare.com)
- Fax: 530-722-9999
- Questions: 530-722-1111 ext 101

100 E. Cypress Ave  
Redding, CA 96002  
P: (530) 722-1111  
F: (530) 722-9999



## **Telehealth: What to expect at your appointment**

### **What is telehealth?**

Telehealth is the use of facetime visit/conferencing for appointments with your doctor when they are at a different location. You may have seen video Visit/conferencing used on television when the host is interviewing a guest overseas, who appears on a television screen.

### **Why have I been booked into telehealth?**

Telehealth can be very convenient when:

- You need access to your PCP/Specialist that isn't in your local area
- There is a shorter waiting period for a telehealth appointment than face-to-face
- It is difficult for you to travel
- You wish to have a local health professional or family member with you at your specialist appointment.

Your local health professional will only recommend telehealth when they consider it to be safe and appropriate for you.

### **What happens at a telehealth appointment?**

- At the telehealth appointment, you (and your support person) will meet with a doctor at a distant location via the Doxy.me link. You will see the doctor on the I-phone or computer screen and will be able to talk to them as you would in a face-to-face visit/consultation.
- During a specialist consultation your local health professional may accompany you so that they can also hear what the specialist says, and to offer you support throughout the consultation. You can also choose not to have them present at the appointment, if you prefer.

### **Is my telehealth visit/consultation private and confidential?**

Yes. The image and sound are transferred in an encrypted form so that your medical visit/consultation is completely confidential.

### **How much does it cost?**

Telehealth is often covered by Medicare. If there are additional costs involved, these will be discussed with you by your referring health professionals billing office.

100 E. Cypress Avenue, Redding Ca 96002  
Phone: 530-722-1111  
Fax: 530-722-9999



**TELEHEALTH PATIENT CONSENT/REFUSAL**

**PATIENT NAME:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

**E-MAIL ADDRESS:** \_\_\_\_\_ **CELL PHONE NUMBER:** \_\_\_\_\_

**1. PURPOSE:** The purpose of this form is to obtain your consent to participate in a telehealth visit through Doxy.me. This will be the only way to see the provider during this time of the Coronavirus stay put orders.

**2. NATURE OF TELEHEALTH VISIT:** During the telehealth visit

- a. Details of your medical history including but not limited to images, x-rays, and tests may be shared electronically and discussed with the provider
- b. A physical examination/assessment of you may take place.
- c. A non-medical technician may be present during the telehealth visit to aid in the video transmission.
- d. No video or audio are taken of you during the procedure(s) or service(s). Photos may be taken and scanned into your record.

**3. MEDICAL INFORMATION & RECORDS:** All existing laws regarding your access to medical information and copies of your medical records apply to this telehealth visit. Please note, not all telecommunications and photos are stored. Additionally, dissemination of any patient identifiable images or information for this telehealth interaction shall not occur without your consent.

**4. CONFIDENTIALITY:** Reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with the telehealth visit, and all existing confidentiality protections under federal and California state law apply to information disclosed during this telehealth visit. Despite our best efforts to protect the privacy of patient information, security could fail causing a breach of privacy and personal medical information.

**5. RIGHTS:** You may withhold or withdraw consent to the telehealth visit at any time without affecting your right to future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.

**6. DISPUTES:** You agree that any dispute arising from the telehealth visit will be resolved in California, and that California law shall apply to all disputes.

**7. RISKS, CONSEQUENCES & BENEFITS:** You have been advised of all the potential risks, consequences and benefits of telemedicine. Your health care practitioner has discussed with you get the information provided above. You have had the opportunity to ask questions about the information presented on this form and the telehealth video visit. All your questions have been answered, and you understand the written information provided above.

I **agree** to participate in a telehealth visit for the service(s) described above.

Signature: \_\_\_\_\_

If signed by someone other than the patient, indicate relationship: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

I **refuse** to participate in a telehealth video visit for the service(s) described above.

Signature: \_\_\_\_\_

If signed by someone other than the patient, Indicate relationship: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ WITNESS: \_\_\_\_\_