



Telehealth Informed Consent & Policy

Practice Name: River Ridge Family Health **Platform:** Spruce and Elation

1. Definition of Telehealth

Telehealth involves the use of electronic communications (video, audio, and secure messaging) to enable the transfer of medical data between a patient and a provider. These sessions are held in lieu of an in-person office visit.

2. Nature of the Visit

- **Scope:** You understand that a telehealth visit may not be appropriate for all medical conditions (e.g., emergencies, or conditions requiring a physical exam like a deep lung auscultation).
- **Provider Discretion:** If the provider determines that a telehealth visit is insufficient to safely diagnose or treat your condition, they reserve the right to require an in-person follow-up.

3. Patient Responsibilities

- **Privacy:** You are responsible for ensuring you are in a private, quiet location for your call to protect your own HIPAA privacy.
- **Technology:** You must have access to a stable internet connection and a device with a working camera and microphone.
- **Location Disclosure:** For licensing and emergency purposes, **you must disclose your current physical location** at the start of every visit.

4. Risks & Security

- **Technical Failure:** While we use HIPAA-compliant, encrypted platforms, there is a very small risk of security breaches or service interruptions beyond the practice's control.
- **Limitations:** You understand that a provider cannot perform a physical palpation or certain diagnostic tests via a screen, which could potentially lead to a delayed diagnosis in rare cases.

5. Emergency Protocol

DO NOT USE TELEHEALTH FOR EMERGENCIES. If you are experiencing a life-threatening situation (chest pain, shortness of breath, etc.), call 911 or go to the nearest emergency room immediately.



6. Consent not to Record

River Ridge Family Health **does not** record telehealth sessions, and you agree not to record the session without the express written consent of the provider.

Secure Messaging & Social Media Policy

1. Secure Messaging vs. Standard Texting

- **The Gold Standard:** For your protection, all medical inquiries, photos of rashes, or lab discussions must be sent through our **Secure Messaging App/Portal**. This platform is HIPAA-compliant and encrypted.
- **Standard SMS/iMessage:** We discourage the use of standard "green bubble" or "blue bubble" texting for medical issues, as these are not secure. If you choose to text the practice line directly, you acknowledge that the communication may not be encrypted.

2. Response Time Expectations

- **Non-Urgent Inquiries:** We strive to respond to all secure messages within [e.g., 4–24] **business hours**.
- **After-Hours:** Messages sent after [e.g., 5:00 PM] on weekdays or during the weekend will be reviewed the following business day.
- **Urgent Matters:** If you have an urgent (but non-emergency) need after hours, please [call the office line and follow the prompts / use the "Urgent" tag in the app].

3. Appropriate Use of Messaging

- **Good for:** Follow-up questions, prescription refills, scheduling, and quick updates.
- **Bad for:** Complex new symptoms or "emergency" situations. If a conversation becomes too complex for text, we will ask you to schedule a video or in-person visit.

4. Social Media Boundaries

- **Professionalism:** Our practice social media accounts (Instagram, Facebook, etc.) are for educational purposes only.
- **No Medical Advice:** We cannot provide medical advice or discuss your care via social media comments or Direct Messages (DMs).
- **Privacy:** To protect your privacy, our staff will not "Friend" or "Follow" active patients on their personal social media accounts.

5. Digital Etiquette



- Please keep messages concise.
- Do not send multiple messages for the same issue, as this can clutter your medical chart and delay response times.

Acknowledgement: I have read this document and understand the risks and benefits of telehealth. I hereby give my informed consent to participate in telehealth visits as part of my care.

Patient Signature: _____ **Date:** _____

Parent/Guardian (if minor): _____