

Electronic Medical Consultations (Telehealth Services - Psychiatry) Consents, Confidentiality and Financial Policy

NFB, PLLC dba Greenlake Primary Care and Dr Sneha Sastry are pleased to offer our patients electronic access to our healthcare services, including telephone and email consultations and virtual “telehealth” office visits via simultaneous audio and video transmissions through services secure video platforms. These services, which we are calling collectively our “telehealth” services, are actual medical services and, as such, our team is committed to providing the same high-quality healthcare as we do when our patients visit our offices in person. Although you have selected to use one of our telehealth services, either for your own care or on behalf of your child, please know that you always have the option of visiting our offices directly by calling 206 524 5656.

Before we can provide telehealth services to you or your child, you must review and acknowledge that you understand the following information concerning your rights and responsibilities and consent to the conditions related to data security and our financial policy.

I. Consent for Care. Dr Sastry offers telehealth services through a variety of electronic means, including telephone, email, and simultaneous audio and visual transmission utilizing secure video platforms. Her telehealth services may include medical evaluation, medical consultation, diagnosis, referral to a specialist, and medication management and refill approvals.

- *I understand that, while I may benefit from the convenience of accessing healthcare electronically, Dr Sastry does not guarantee any cure, improvement or success of any medical advice and may recommend that I or my child seek face-to-face consultation either Dr Sastry or another medical provider or medical facility*
- *I understand that it is my duty to provide complete and accurate information about my or my child’s health condition and history and that my failure to do so may result in the provision of incomplete, inaccurate or inappropriate evaluation, diagnosis, and treatment.*

II. Authorization to Share Information Electronically. Dr Sastry is committed to using electronic systems that incorporate network and software security protocols to protect the confidentiality of patient information and safeguard data against intentional or unintentional corruption.

- *I authorize the sharing of my or my child’s health information electronically for the provision of telehealth services and related activities, such as appointment reminders and on-going medical management*
- *I understand that there are potential risks associated with the provision of telehealth services. For example, delays in the provision of telehealth services could occur due to deficiencies or failures of equipment, or security protocols could fail, causing a breach of privacy of personal medical information.*

- *I also understand that I am solely responsible for the selection of the electronic device(s) (for example, smart phones, computer tablets and computer laptops and desktops) and their related systems (hardware, software, firewalls, encryption features, network service providers or other electronic equipment features) I use in requesting telehealth services. I agree to indemnify and hold Greenlake Primary Care and Dr Sastry, their agents and representatives, for any failure of the selected device(s) and their related systems as well as for the loss, theft or exposure of protected health information from my electronic device(s) and their related systems, whether or not such failure or losses are intentional.*

III. Notice of Privacy Practices. The Notice of Privacy Practices explains how medical information about you or your child may be used and disclosed, your rights concerning this information, and instructions on how you can access this information. You have previously signed and Acknowledged our Notice of Privacy Practices:

- *I acknowledge that I have received, read, and have had the opportunity to ask questions about the Notice of Privacy Practices.*

IV. Consent for Release of Information and Assignment of Benefits. Greenlake Primary Care and Dr Sastry may share health information for operational purposes, most regularly to bill insurance companies for healthcare services, including telehealth services.

- *I authorize this practice to give information related to my visit to my insurance carrier(s) for any and all payment activities. I consent to assign all payments for services directly to Greenlake Primary Care. I further consent to the use of this information for other healthcare operations conducted by our practice, as identified in the Notice of Privacy Practices*

V. Financial Policy. We appreciate you choosing Greenlake Primary Care for your healthcare. So that we may consistently deliver high quality care and services, we ask you to adhere to the following financial policies:

- *I am responsible for all co-payments, amounts applied to deductibles, and other amounts that may be deemed my responsibility by my insurance carrier(s) or other payment sources whether care is provided to me or to my child.*
- *I understand that my insurance carrier(s) may or may not cover some services and that I am solely responsible for charges not reimbursed by my insurance carrier(s) for care provided to me or my child.*
- *I understand that not all insurance policies are the same and that it is my responsibility to verify applicable coverage prior to receiving services.*
- *If these telehealth services are not covered by my or my child's insurance, I agree to pay for these services according to the following schedule:*

Telehealth Service	Fee
Telephone Consultation	\$25 (5-10 min) \$40 (11-20min) \$60 (21-30)
Email Consultation	\$25 (5-10 min) \$40 (11-20min) \$60 (21-30)
Audio-Visual Consultation (Telemedicine)	\$175 (30 min) and \$350 (new patient 90min)
On-line forms to be filled out without a visit	\$35

Signed: _____ Date: _____

Printed name _____