



HIGHLAND FAMILY PRACTICE

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TERMS OF SERVICE FOR TELEMEDICINE CONSULTATION

By selecting that you agree to our terms of service on highlandfp.doxy.me, you agree to the following:

- 1) You agree to participate in a telemedicine evaluation for yourself or for an individual for whom you are a legal guardian.
- 2) You authorize the electronic transmission of your medical information and/or video conference session so that it can be viewed by a medical provider and other persons involved in your medical care. [Note: The likelihood of this transmission being intercepted by persons other than those at the consulting site is extremely small].
- 3) You understand that you can withdraw your permission at any time and that you do not have to answer any questions that you consider to be inappropriate or are unwilling to have heard by other persons.
- 4) You confirm that you have the privacy you need to participate in this visit. You have had the opportunity to prevent yourself from being overheard by:
 - Removing yourself from common areas to a location you will not be overheard,
 - Wearing headphones to block sound from others.
- 5) You understand that if you do not choose to participate in a telemedicine session, no action will be taken against you that will cause a delay in your care and that you may still pursue face-to-face consultation.
- 6) You understand we cannot guarantee that your insurance will cover telemedicine visits. You agree that you are ultimately responsible for payment for this date of service, regardless of insurance coverage.
- 7) You understand that, as with any technology, telemedicine does have its limitations. There is no guarantee, therefore, that this telemedicine session will eliminate the need for you to see a medical provider in person.

If you have questions about or do not agree to any of the terms above, please call our office at (801) 272-4111 to either make an appointment to be seen in person or to discuss a different option.