



Informed Consent for Medical Telehealth Services

The following information is provided to clients who are seeking telehealth services. This document covers your rights, risks and benefits associated with receiving services, our policies, and your authorization. Please read this document carefully and note any questions you would like to discuss.

Client's Rights

- You have the right to decide to end telehealth services at any time without prejudice.
- You have the right to ask any questions about procedures used during telehealth services. If you wish.
- Telehealth services is a great way to get help for many urgent medical issues. While there are many things that can be done with a telehealth visit (such as Stuffy and runny nose, Allergies, Sore throat, Eye infections, Cough, Painful urination, Lower back pain, Joint pain or strains, Minor skin problems), there are some things—like a full physical exam and medical testing—that can't. Should telehealth services not be a good fit for you, I will assist you in finding alternative options.

Benefits and Risks

Telehealth refers to medical/educational/support services that occur via phone or synchronous video conferencing. All of our interactions will fall under this term for online or "e-visit" appointments. When using technology, There is always the risk of security issues, as well as technical issues (i.e. phone not charged, computer or software not working, etc.). We will develop an individualized plan for how best to address technical issues that may arise and will take steps to facilitate the security of interactions with your provider. In addition to the identified risks, there are several benefits that come from using technology. For instance, it allows providers to connect with people who may otherwise not there is an opportunity for more flexibility in scheduling, and convenience in being able to connect from a space of your choosing.

FourPoints Health can assure confidentiality of electronic communications on our end of the service. Your provider will invite you to a confidential online meeting through a HIPPA approved and confidential platform. However, we cannot guarantee your privacy on your end of the communication, especially in a group setting. In order to protect your confidentiality and to facilitate the security of your information as much as possible, here is a list of recommendations:

- Engage in "e-visit" appointments in a private location where you cannot be heard by others.
- Use a private phone and/or computer.
- Do not record any sessions.
- Password protect any technology you will be interacting with your therapist on.
- Always log out or hang up once sessions are complete.

Cedar City

440 North Paiute Dr.
435.867.1520

Richfield

440 South Main St.
435.893.6800

Kanosh

157 North Reservation Dr.
435.759.2610

St. George

1449 N 1400 W Unit 19
435.688.7572

Shivwits Ivins

6109 West 3700 North
435.688.7572



- To avoid others knowing we have connected, your provider will be contacting you from a blocked number.

Emergency Management Plan

FourPoints Health does not provide emergency medical services. As a precaution, please identify one (1) emergency hospital below. In addition, you will need to provide information for an emergency contact person. These all need to be filled out to participate in telehealth services.

Hospital Name: _____

Hospital Address: _____

Hospital Phone: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

My location during my telehealth session, in case of an emergency so that my provider can send medical help to me if necessary:

Contacting Your Provider

Telephone or encrypted email are the main forms of contact that will be used outside of the consultation and sessions.

Payment for Services

I agree to call the clinic receptionist and pay my designated co-pay prior to attending my "e-visit" session.

Authorization for Treatment and Services

I, _____ (name of client), have read, understand and authorize evaluation, treatment and other services from FourPoints Health. I acknowledge that I may request a copy of this informed consent agreement. It is agreed that either of us may discontinue treatment at any time.

Signature of client: _____



FourPoints
HEALTH

Owned and Operated by the Paiute Indian Tribe of Utah

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