TangerineMED
TeleHealth Primary Care & Urgent Care

Affordable Telehealth Urgent Care & Chronic Disease Management
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TELEMEDICINE PATIENT CONSENT FORM

Patient Information

Full Name: _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address: _____

1. Purpose of Telehealth Services

I understand that TangerineMed PLLC provides medical services through telehealth, including consultations, follow-ups, diagnosis, treatment, and monitoring, using electronic communications such as video, audio, or other technologies.

2. Provider Responsibilities

TangerineMed providers will:

- Explain the telehealth process, including the technology used and how I can access it.
- Use secure, HIPAA-compliant technology to protect my health information.
- Document all telehealth interactions as they would for in-person care.
- Disclose limitations of telemedicine, including when an in-person examination may be necessary

3. Patient Responsibilities

I agree to:

- Be in a private, secure, and well-lit environment during telehealth sessions.
- Use a device with working video and audio, and a reliable internet connection.
- Arrive (log in) on time for telehealth appointments.
- Complete any pre-visit forms, tests, or documentation required by the provider.
- Ask questions if I do not understand any part of the process or my care plan.

4. Risks, Limitations, & Alternatives

I understand that telehealth has potential risks, including:

- Possible technical failures (loss of video/audio, connectivity issues) that may impair evaluation or treatment.
- Limitations in assessment: Some aspects of a physical exam may not be possible remotely.
- Privacy risks: Though TangerineMed PLLC will use security protocols, there is always some risk in transmitting data electronically.

Alternatives I have include face-to-face care (in-person), or other forms of remote communication, if available.

5. Legal & Regulatory Disclosures (Florida Law)

- Under Florida Statute § 456.47 ("Use of Telehealth to Provide Services"), providers delivering telehealth must adhere to applicable scope of practice, record-keeping, and standards equivalent to in-person care.
- If controlled substances are prescribed, they will comply with Florida laws and federal regulations.
- If my provider is outside Florida, they must be appropriately licensed or registered to provide telemedicine to Florida patients.

6. Privacy, Security, Confidentiality

- TangerineMed uses reasonable encryption and security measures to protect the confidentiality of my health and personal data.
- I understand that while all efforts will be made to protect my information, no electronic system is completely secure.
- I have been given or offered the Notice of Privacy Practices, describing how my health information may be used or disclosed under HIPAA and Florida law.

7. Fees, Billing & Insurance

- I understand the cost/fee for telehealth services and what portion may be covered by cash or insurance. I am responsible for any portion not covered (co-payments, deductibles, or self-pay fees).
- I understand there may be additional charges for labs, remote monitoring, or other services outside of the telehealth session.
- If insurance denies coverage for telehealth, I agree to be responsible for payment.

8. Emergency & Urgent Situations

- Telehealth is not intended for emergency care. If I believe I am experiencing an emergency, I acknowledge and will call 9-1-1 or go to the nearest emergency department.
- If during a telehealth session the provider determines I need in-person evaluation, I agree to follow up accordingly.

9. Recording & Sharing (Optional Consents)

- ☐ I consent to the audio/video portion of my telehealth session being recorded for purposes related to my care.
- ☐ I consent to TangerineMed, sharing summaries of my telehealth sessions with other healthcare providers involved in my care.

10. Duration, Renewal & Withdrawal of Consent

- This consent is valid until I revoke it or until my course of treatment with TangerineMed

- I may withdraw this consent at any time by notifying the provider, but any actions taken before the withdrawal remain valid.
- If the telehealth relationship is ongoing, TangerineMed may ask me to renew or re-confirm this consent annually (or per clinic policy).

11. Patient Rights & Acknowledgement

- I have the right to ask questions and receive clear answers about telehealth services, including those I do not understand.
- I have the right to refuse telehealth services and insist on in-person care if feasible.
- I understand my rights under HIPAA and Florida law regarding privacy, data security, and medical records.

By signing below, I confirm:

- I have read or had this form explained to me.
- I understand the above, including risks, benefits, alternatives, and responsibilities.
- I consent voluntarily to receive health care services via telehealth through TangerineMed under the terms set out above.

Patient Signature: _____Date: _____

If patient is a minor or under legal guardianship:

Guardian/Parent Name: _____

Relationship: _____

Signature: _____ Date: _____