

# Telehealth Consent and Agreement

## Silver Lake Direct Primary Care

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## Telehealth Consent and Agreement

I, \_\_\_\_\_ (“Patient”), consent to receive healthcare services from Silver Lake Direct Primary Care through telehealth technologies using RING CENTRAL.

Telehealth includes the use of secure electronic communications, video conferencing, telephone communications, remote monitoring, and other digital or electronic technologies that allow healthcare providers to evaluate, diagnose, consult, educate, and treat patients when the patient and provider are not physically present in the same location.

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## Nature of Telehealth Services

Telehealth services may include, but are not limited to:

- Follow-up visits
- Review of laboratory or imaging results
- Medication management
- Chronic disease management
- Minor acute care consultations
- Preventive health counseling
- Care coordination and referrals

The same standards of confidentiality and privacy that apply to in-person medical care also apply to telehealth services.

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## Patient Acknowledgments

I understand and acknowledge that:

- Telehealth may involve electronic communication of my personal medical information between healthcare providers and me.
  - The technology used may include secure video platforms, audio communications, messaging systems, or electronic medical records.
  - Although reasonable security measures are used, there are potential risks associated with electronic communications, including technical failures, interruptions, unauthorized access, or data breaches.
  - Telehealth may not be appropriate for all medical conditions or emergencies.
  - If my provider determines that telehealth is not appropriate for my condition, I may be advised to schedule an in-person visit or seek emergency care.
  - I may stop or withdraw consent to telehealth services at any time by notifying Silver Lake Direct Primary Care in writing.
  - My withdrawal of consent will not affect care already provided prior to revocation.
  - I understand that telehealth visits may become part of my permanent medical record.
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## **Emergency Situations**

I understand that telehealth services are not intended for emergency medical conditions.

If I am experiencing a medical emergency, I should:

- Call 911 immediately, or
  - Go to the nearest emergency room or urgent care facility.
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## **Patient Responsibilities**

I agree to:

- Provide accurate and complete medical information to my healthcare provider.
  - Use a private and safe location for telehealth visits whenever possible.
  - Minimize distractions and maintain appropriate behavior during telehealth encounters.
  - Ensure that my contact information is current and accurate.
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## **Financial Responsibility**

I understand that telehealth services are included in my membership monthly fee and will not be billed to insurance.

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## Consent to Telehealth

By signing below, I acknowledge that:

- I have read and understand this Telehealth Consent and Agreement.
  - I have had the opportunity to ask questions regarding telehealth services.
  - I voluntarily consent to receive healthcare services through telehealth technologies from Silver Lake Direct Primary Care.
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## Patient Signature

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature of Patient or Legal Representative:

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Date: \_\_\_\_\_ 7/1/26 \_\_\_\_\_

If signed by personal representative, describe authority:

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## Practice Representative

Authorized by: \_\_\_\_\_

Title: \_\_\_\_\_ LWeylman MD \_\_\_\_\_

Date: \_\_\_\_\_ 7/1/26 \_\_\_\_\_