



# WHOLE PEDIATRICS GROUP

## TELEHEALTH SERVICES - CONSENT FORM

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This form explains how I use telehealth (virtual healthcare) and what you should know before using these services.

### Patient Information

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**Child's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Today's Date:** \_\_\_\_\_

### What is Telehealth?

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Telehealth means providing healthcare remotely using technology instead of in-person visits. At Whole Pediatrics Group, I use several forms of telehealth:

- ✓ **Phone calls** (landline or mobile)
- ✓ **Text messaging** (SMS/MMS for quick questions, photos, updates)
- ✓ **Email** (for non-urgent communication)
- ✓ **Patient portal messaging** (secure platform for health questions)
- ✓ **Video calls** (virtual "face-to-face" appointments)

Telehealth lets me evaluate your child, answer questions, provide guidance, and make clinical decisions without you coming to the office.

### Benefits of Telehealth

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- ✓ Convenient - no travel, no waiting room
- ✓ Faster access - often same-day availability
- ✓ Reduces exposure to illness (yours and others')
- ✓ Good for follow-up care, medication checks, minor concerns
- ✓ Allows me to see rashes, injuries, or other visual concerns via photo/video
- ✓ Keeps sick kids comfortable at home
- ✓ Saves you time

### Limitations of Telehealth

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Telehealth has important limitations you need to understand:

- ✗ **I can't physically examine your child** - I can't listen to lungs, feel the abdomen, check ears closely, etc.
- ✗ **I can't perform procedures** - No shots, swabs, stitches, etc.

- ✗ **Technology can fail** - Dropped calls, poor video quality, internet outages
- ✗ **Not appropriate for emergencies** - See below
- ✗ **May require follow-up in person** - Sometimes I need to see your child in the office
- ✗ **Privacy not guaranteed** - See security section below

Some conditions REQUIRE in-person evaluation and cannot be adequately assessed via telehealth.

## When Telehealth Is Appropriate

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Good situations for telehealth:

- ✓ Minor illnesses (colds, mild fevers, vomiting/diarrhea)
- ✓ Rashes (I can see via photo)
- ✓ Medication questions or refills
- ✓ Follow-up after office visits
- ✓ Behavioral concerns or parenting questions
- ✓ Newborn weight checks or feeding questions (with home scale)
- ✓ Quick questions about development or care
- ✓ Reviewing test results
- ✓ Minor injuries I can assess visually

## When Telehealth Is NOT Appropriate

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You should NOT use telehealth for:

- ✗ **Emergencies** - Difficulty breathing, severe injuries, altered consciousness, severe allergic reactions, etc.  
→ Call 911
- ✗ **Conditions requiring physical exam** - Ear infections (need otoscope), pneumonia (need to listen to lungs), abdominal pain (need to palpate), etc.
- ✗ **Situations requiring procedures** - Sutures, injections, swabs, etc.
- ✗ **When I determine in-person visit is needed** - I'll tell you if you need to come in

### ⚠ **CRITICAL: TELEHEALTH IS NOT FOR EMERGENCIES**

For emergencies, ALWAYS:

- ✓ Call 911, OR
- ✓ Go to the nearest emergency room

#### **Do NOT:**

- ✗ Text me about an emergency
- ✗ Email me about an emergency
- ✗ Wait for a video call if your child is in distress

#### **Examples of emergencies:**

- Difficulty breathing or turning blue
- Uncontrollable bleeding
- Severe injury

- Loss of consciousness or confusion
- Seizure
- Severe allergic reaction
- Poisoning or overdose
- Choking

Even if you're in a telehealth visit and I recognize an emergency is occurring, I will tell you to hang up and call 911.

**If I determine during a telehealth visit that your child needs in-person evaluation, I will tell you to:**

- Come to the office, OR
- Go to urgent care, OR
- Go to the emergency room

## Technology Requirements

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For telehealth to work, you need:

- ✓ A working phone, computer, tablet, or smartphone
- ✓ For video visits: Camera, microphone, internet connection
- ✓ Ability to receive and send text messages and photos (helpful but not required)
- ✓ Email access (for follow-up instructions, if needed)

**Your responsibilities:**

- Make sure your device is charged
- Find a quiet, private location for video visits
- Test your internet connection beforehand
- Have good lighting if I need to see your child
- Have any medications, thermometer, or other items ready if I ask

## Privacy and Security

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**Important: Telehealth is generally secure but NOT completely private.**

Here's what you should know:

**What I do to protect privacy:**

- ✓ Use secure, encrypted platforms when possible
- ✓ HIPAA-compliant video systems
- ✓ Secure patient portal
- ✓ Encrypted email when available

**Risks you should understand:**

- ⚠ Text messages and regular email are NOT fully secure
- ⚠ Phone calls can be overheard or intercepted
- ⚠ Video calls can be interrupted or recorded
- ⚠ Technology companies may have access to data

- ⚠ Internet connections can be hacked
- ⚠ Someone in your home could overhear your conversation

**To protect your privacy:**

- ✓ Use secure Wi-Fi (not public Wi-Fi in coffee shops, etc.)
- ✓ Find a private location where others can't hear
- ✓ Don't share passwords or login information
- ✓ Log out of patient portals when finished
- ✓ Lock your phone/computer when not in use

**By using telehealth, you acknowledge and accept these privacy risks.**

## Prescriptions Via Telehealth

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I can prescribe medications via telehealth when clinically appropriate.

However:

- I cannot prescribe controlled substances (DEA Schedule II-V) via telehealth without an in-person visit first (federal law)
- I may require an in-person visit if I'm not comfortable prescribing based on virtual evaluation
- Some pharmacies may have restrictions on telehealth prescriptions

## Fees and Billing

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**Good news:** Telehealth visits are included in your membership at Whole Pediatrics Group. There's no additional charge for:

- Phone consultations
- Video visits
- Text message communication
- Email questions
- Patient portal messaging

This is one of the benefits of direct primary care - I'm not restricted by insurance rules about what "counts" as a billable visit.

**For non-members requesting telehealth:** Telehealth services are only available to active members.

## Documentation

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All telehealth visits are documented in your child's medical record just like in-person visits, including:

- Date and time of contact
- Type of communication (phone, video, text, email)
- Reason for contact
- Assessment and recommendations
- Any prescriptions or referrals
- Follow-up plan

## Your Rights

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You have the right to:

- ✓ **Refuse telehealth** - You can always request an in-person visit instead
- ✓ **Ask questions** - About how telehealth works, privacy, appropriateness
- ✓ **Request in-person care** - Even if I think telehealth is appropriate
- ✓ **End a telehealth visit** - Disconnect at any time if you're uncomfortable
- ✓ **Request different communication method** - If you prefer phone over video, email over text, etc.

## My Rights

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I reserve the right to:

- ✓ **Determine if telehealth is appropriate** - I may require an in-person visit
- ✓ **End a telehealth visit** - If it's not working due to technology or other issues
- ✓ **Limit communication methods** - I may not respond to texts/emails after hours, for example
- ✓ **Require in-person follow-up** - If I can't adequately assess your child remotely

## Location Matters

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When we have a telehealth visit, please tell me:

- Where you are located (city/state)
- If you're traveling or out of state

### Why this matters:

- I'm licensed in California and can only provide medical advice to patients in California
- If you're out of state temporarily (vacation), I can provide limited guidance
- If you've moved out of state, I cannot provide ongoing telehealth care

## Consent to Telehealth

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By signing below, I acknowledge and agree:

- ☐ I understand what telehealth is and how it works
- ☐ I understand the benefits and limitations of telehealth
- ☐ I understand telehealth is not appropriate for emergencies
- ☐ I understand that some conditions require in-person evaluation
- ☐ I understand the privacy and security risks
- ☐ I accept these risks and consent to telehealth services
- ☐ I understand I have the right to refuse telehealth and request in-person care
- ☐ I will provide accurate information about my child's location during telehealth visits
- ☐ I understand telehealth visits are documented in the medical record
- ☐ I have had the opportunity to ask questions about telehealth

**I consent to receiving healthcare services via telehealth from Whole Pediatrics Group.**

**Parent/Guardian Name (print):**

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**Signature:**

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**Date:**

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**Relationship to child:**

☐ Mother ☐ Father ☐ Legal Guardian

### **Physician Attestation**

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I have explained telehealth services, including benefits, limitations, and risks, to the above parent/guardian. They have had the opportunity to ask questions.

**Physician Signature:**

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**Date:**

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**Dr. Connell Bost, Whole Pediatrics Group**

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