



Be Well Natural Medicine

*PLEASE FAX PATIENT RECORDS *, 2136 Ford Pkwy Box 173

St. Paul, Minnesota, US - 55116

Be Well Natural Medicine Electronic Communications Information and Telehealth Consent

Updated July 2022

These policies are for Be Well Natural Medicine, LLC, its employees and any independently-contracted Naturopathic Doctor who provides services at any Be Well Natural Medicine location.

ELECTRONIC MESSAGING AND EMAIL INFORMATION

Be Well Natural Medicine provides scheduled and established patients with a secure, end-to-end encrypted, HIPAA compliant messaging platform. Please use this Patient Portal for all written communications of health information (i.e. sharing lab results and asking clinical questions) to Be Well. Be Well strongly discourages use of email for communication about protected health information.

RISKS OF USING EMAIL

Transmitting patient information via email poses several risks of which the patient should be aware. The patient should not communicate with the clinic via email without understanding and accepting these risks. The risks include, but are not limited to, the following:

- The privacy and security of email communication cannot be guaranteed.
- Employers and online services may have a legal right to inspect and keep emails that pass through their system.
- Email is easier to falsify than handwritten or signed hard copies. In addition, it is impossible to verify the true identity of the sender or to ensure that only the recipient can read the email once it has been sent.
- Emails can introduce viruses into a computer system and potentially damage or disrupt the computer.
- Email can be forwarded, intercepted, circulated, stored or even changed without the knowledge or permission of the doctor or the patient. Email senders can easily misaddress an email, resulting in it being sent to many unintended and unknown recipients.
- Email is indelible. Even after the sender and recipient have deleted their copies of the email, back-up copies may exist on a computer or in cyberspace.
- Use of email to discuss sensitive information can increase the risk of such information being disclosed to third parties.
- Email can be used as evidence in court.

CONDITIONS OF USING EMAIL



The clinic will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, the clinic cannot guarantee the security and confidentiality of email communication and will not be liable for improper disclosure of confidential information that is not the direct result of intentional misconduct of the clinic or its employees or contractors. Thus, patients must consent to the use of email for patient information. Consent to the use of email includes agreement with the following conditions:

- Emails to or from the patient concerning diagnosis or treatment may be printed in full and made part of the patient's medical record. Because they are part of the medical record, other individuals authorized to access the medical record, such as staff and billing personnel, will have access to those emails.
- As necessary, the clinic may forward emails internally to the clinic's employees or contractors for diagnosis, treatment, reimbursement, health care operations, and other handling. The doctors will not, however, forward emails to independent third parties without the patient's prior written consent, except as authorized or required by law.
- Although the clinic will endeavor to read and respond promptly to an email from the patient, the clinic cannot guarantee that any particular email will be read and responded to within any particular period of time. Thus, the patient should not use email for medical emergencies or other time-sensitive matters.
- Email communication is not an appropriate substitute for clinical visits, examinations, or treatment.
- If the patient's email requires or invites a response from the clinic and the patient has not received a response within a reasonable time period it is the patient's responsibility to follow up to determine whether the intended recipient received the email.
- The patient is responsible for informing the clinic of any types of information the patient does not want to be sent by email. The patient can add to or modify this list at any time by notifying the clinic in writing.
- The clinic is not responsible for information loss due to technical failures.

INSTRUCTIONS FOR COMMUNICATIONS BY EMAIL

To communicate by email the patient shall:

- Inform the clinic of any changes in patient's email address.
- Withdraw consent only by email or written communication to the clinic.
- Should the patient require immediate medical assistance, the patient should not rely on email; the patient should go to Urgent Care or the Emergency Room or take other measures as appropriate.

TELEHEALTH INFORMATION

APPOINTMENT INSTRUCTIONS

We require all patients to have a completed Telehealth Consent on file. If you have already scheduled a video appointment, we must have this consent on file prior to your appointment, as well as the Clinic Policies and Informed Consent Questionnaire. If you are being seen in person, this consent enables us to do phone or video appointments in the future if inclement weather or your preference dictates. This consent does not indicate the format of your scheduled appointment.



Prior to your telehealth appointment, please download the free Zoom app and create an account if you haven't used it before, found at zoom.us. Please also double check the strength of your network connection.

We strongly recommend use of a laptop or desktop computer for your appointment. Please do not use a cellphone or tablet unless you have a secure stand or tripod mount.

Please create a quiet, private and distraction free space for your appointment. Patients will be asked to reschedule if they attempt to participate in an appointment while driving, and it will be considered a late cancellation.

A few minutes before your scheduled appointment time, you'll receive a link via this portal under your "Messages" tab. Simply click the link to be connected to your doctor. Turn on your audio and video connections by clicking the camera and microphone icons on the lower left of the application window.

Call the front desk if you have questions! 612-440-7710

TELEHEALTH CONSENT

1. I understand that my health care provider, an employee or independent contractor of Be Well Natural Medicine, LLC, wishes me to engage in a telemedicine consultation. This means that I and my health care provider or a designee will, through an interactive audio and/or video connection, be able to consult about my condition.
2. My health care provider has explained to me how the audio and/or video conferencing technology will be used.
3. I understand that this consultation will not be the same as a face-to-face visit since I will not be in the same room as the healthcare practitioner, and that some parts of a visit may be conducted by individuals present with me at the direction of the healthcare practitioner. I also understand individuals may be present at either location to operate the audio/video equipment and that these individuals must maintain the confidentiality of health information disclosed.
4. I understand there are possible risks of an incomplete or ineffective consultation because of the technology, and that if any of the risks occur, the consultation may terminate. The risks may include:
 - a. Failure, interruption or disconnection of the audio/video connection;
 - b. A picture that is not clear enough to meet the needs of the consultation;
 - c. A minor risk of access to the consultation through the interactive connection by electronic tampering.
5. I understand that in place of this telemedicine session I may seek face-to-face consultation with a health care provider.
6. I understand that Be Well Natural Medicine LLC will not receive any royalties or other compensation for recording and using this telemedicine session and any use of the recordings shall require my consent, except for #7 below.



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7. I release Be Well Natural Medicine LLC its employees, agents and assigns from any and all liability which may arise from this telemedicine consultation, the use of interactive audio/visual connections, or from the taking or authorized use of any images or audio obtained. I authorize Be Well Natural Medicine LLC to record audio/visual connections, images and video for purposes of directing my healthcare and complying with applicable rules and regulations.

8. I have read and understand this consent and all of my questions have been answered to my satisfaction. I understand the risks, benefits, and alternatives of the telemedicine consultation and consent to it.

PRINT PATIENT NAME (FIRST, MIDDLE,
LAST) *

**PATIENT SIGNATURE (OR GUARDIAN IF
MINOR) ***

TODAY'S DATE *
