Telehealth Consent & Disclosure

Effective Date: March 2026

At Renewal Primary Care, we are committed to caring for you with compassion, integrity, and respect. Telehealth allows us to extend that care beyond our physical location using secure technology.

Telehealth involves the use of electronic communication, such as video or audio technology, to provide healthcare services remotely. This may include consultations, follow-up visits, education, and care planning.

By signing below, you voluntarily consent to receive healthcare services from RENEWAL PRIMARY CARE through telehealth technology. Telehealth visits are documented in your medical record just like in-person visits.

We use HIPAA-compliant technology to help protect your privacy. While reasonable safeguards are in place, electronic communication may carry some risks.

Telehealth is not appropriate for medical emergencies. If you are experiencing an emergency, please call 911 or go to the nearest emergency room. We believe trust, care, and stewardship are part of the healing journey. Thank you for allowing us to serve you.

Acknowledgment & Signature

Patient Name: _____ Date: _____

Patient Signature: _____

Parent/Guardian (if minor): _____

Guardian Signature: _____ Date: _____