

Informed Consent and Terms of Use (Last Updated: 1/17/2020)

I ACKNOWLEDGE THAT BERKELEY FAMILY PRACTICE, LLC (further referred to as BFP) VIRTUAL ONLINE VISITS (also called Telehealth or Televisits) ARE NOT DESIGNED OR INTENDED OR APPROPRIATE TO ADDRESS SERIOUS, EMERGENCY, OR LIFE-THREATENING MEDICAL CONDITIONS AND SHOULD NOT BE USED IN THOSE CIRCUMSTANCES. IF I AM HAVING A MEDICAL EMERGENCY, I WILL CALL 911.

- I acknowledge that I will answer questions truthfully and that if I do not understand a question I will stop using BFP Virtual Care Online Visit.
- I acknowledge that I am a resident of AND located in the State of South Carolina at the time I start this BFP Virtual Care Online Visit.
- I acknowledge that I am at least 18 years of age, or, if this BFP Virtual Care Online Visit is for a minor child, the child is at least 2 years of age and I am the child's parent or legal guardian.
- I acknowledge that I have agreed to the BFP Virtual Care Online Visit Terms of Service and I understand the BFP Virtual Care Privacy Policy, which may be updated from time to time.
- I acknowledge that I am solely responsible for maintaining the safety and security of my login ID and password.

Consent for treatment: I will have a chance to discuss and / or refuse the care recommended by my BFP provider, a physician or an advanced practice clinician, such as a physicians assistant, licensed to practice medicine in the State of South Carolina. The BFP providers cannot promise specific results. To provide this care, my BFP provider will rely on information I provide about my health, including genetic information such as family health history. I understand that my BFP provider is not able to provide care for all conditions and I may need to schedule an in-person appointment with a provider.

Electronic health record: Berkeley Family Practice, LLC uses shared electronic health records. This allows care providers using this record to store, update and use my health information when needed at the time I am seeking care. The electronic health record allows better access to my health information, leading to better coordination and quality of care. This shared electronic health record is a secure system. For a list of the health care providers that use this shared electronic health record please contact us at the phone number listed below. I understand that if I require a copy of my BFP electronic health record, I may access my record at any time through my BFP account. I acknowledge that any care provider who uses the shared electronic record may access and use my health records as needed to provide treatment (including coordinating my care), to improve the quality of care, and in accordance with the Notice of Privacy Practices. If I have concerns with parts of this consent, I will call the number below to discuss them. The authorizations on this form will remain valid until I revoke (withdraw) them in writing or until the law states they have expired. However, any actions already taken in reliance upon these authorizations will remain valid. (I cannot undo actions that were taken while my consent was valid.) I may get help with this process at any time by contacting BFP at 843.761.8800.

NOTE: A copy of your online visit will be in your chart available to view by your Primary Care Provider within BFP. If you would like a copy of your record sent to other providers you may request. By participating in a televisit, I consent to and authorize the BFP medical provider to assess and recommend treatment if necessary.