



Upper Valley Pediatrics Telehealth Policy

Upper Valley Pediatrics offers telehealth (video or phone) visits to provide convenient and timely care. Please review the following policies and sign to indicate your consent.

- Telehealth allows health care providers to deliver medical care through technology (such as video or phone calls) rather than in person.
- Telehealth may be used for routine care, follow-up visits, behavioral health, and certain acute concerns.
- Not every medical condition can be treated via telehealth. If needed, your provider may recommend an in-person visit, referral, or emergency care.
- **Per state licensing requirements, providers may only provide telehealth services for patients who are physically located in Vermont or New Hampshire at the time of the visit.**
- Increased convenience and access to care
- Reduced travel time and exposure to illness
- Technology failures (poor connection, dropped calls, etc.)
- Limited physical exam, which may affect diagnosis and treatment
- Rare risk of unauthorized access to information despite security safeguards
- All telehealth visits are conducted through secure, HIPAA-compliant platforms.
- Your privacy will be protected as required by law, just as with in-person visits.
- You should participate in telehealth visits from a private, quiet location whenever possible
- Ensure a reliable internet or phone connection.
- Be available at the scheduled time and in a safe, distraction-free environment.
- Do not participate in telehealth visits while driving.
- Provide accurate health information and notify the provider if your condition changes.
- Confirm that the patient is **physically located in Vermont or New Hampshire** at the time of the visit.
- Telehealth is **not** for emergencies.
- If your child is experiencing a life-threatening emergency, call **911** or go to the nearest emergency department.

By signing below, I understand and agree that:

- I have read and understand this Telehealth Policy.

- I consent to receive care for my child via telehealth when appropriate.
- I understand providers may only see patients who are physically in Vermont or New Hampshire at the time of service.
- I understand I may withdraw consent at any time by notifying Upper Valley Pediatrics.
- I acknowledge that telehealth may have limitations and agree to follow recommendations for in-person evaluation if needed.

Patient Name: _____ Patient Date of Birth: _____

Parent/Guardian/Patient Signature: _____ Date: _____