



Practice Consent to Treat Policy

Thank you for choosing **Carolina Internal Medicine Associates** as your health care provider. We are committed to building a successful provider-patient relationship. Understanding our Practice Consent to Treat is an important part of this relationship. For your convenience, this document discusses a few commonly asked questions. If you need further information or assistance with any of these policies, please ask to speak with one of our managers.

ELECTRONIC HEALTH RECORD

Healthcare providers require access to patient medical information whenever or wherever a patient presents for care to assure safety, quality, and to coordinate patient care across the provider network, avoiding duplication of services. CIMA has access to a system-wide electronic medical record that is available to caregivers on a “need to know” basis, to share information about patient care provided in the hospital, outpatient, or physician office settings. Confidentiality of records including those reflecting treatment for behavioral health issues, HIV/AIDS or drug or alcohol problems is maintained per relevant governmental and regulatory standards. Patient care summaries are automatically sent to designated CIMA and other community primary care/family/referring physicians, as well as to providers to ensure continuity of care. CIMA will follow state and federal laws regarding the access by medical providers of any sensitive information, such as behavioral health, substance abuse treatment, sexual abuse, genetic test results, HIV/AIDS status and adoption records.

ELECTRONIC COMMUNICATION

CIMA will reach out via email, text, or phone if these contact methods are provided for such things as appointment reminders and health maintenance notifications.

You have the right to opt out of any form of electronic communication at any time.



ELECTRONIC PRESCRIBING

CIMA medical practices and offices may use an electronic prescription system which allows prescriptions and related information to be electronically sent between CIMA providers and the pharmacy. I have been informed and understand that CIMA providers using the electronic prescribing system will be able to see information about medications I am already taking, including those prescribed by other providers.

CONSENT FOR VIRTUAL HEALTH/TELEMEDICINE SERVICES

Telemedicine, virtual health, or e-visits can include the practice of healthcare delivery, diagnosis, consultation, treatment, transfer of medical data, and education using interactive audio, video, or data communications when the health care provider and patient are not in the same physical location. The interactive electronic systems used for these services will incorporate network and software security protocols to protect the confidentiality of patient identification and imaging data and will include measures to safeguard the data to ensure its integrity against intentional or unintentional corruption. The potential benefits of receiving care in this manner include improved access to care and the ability to obtain the expertise of a distant specialist. The potential risks include problems with information transmittal, including but not limited to poor data transfer which may include poor video and data quality experience, or lack of access to the complete medical record by the remote physician. All information will be part of your medical record available if requested and with the same restrictions on dissemination without the patient's consent.

In order to receive telemedicine services, you must be in the state in which the practicing provider is licensed.



IMMUNIZATION REGISTRY

CIMA participates in the North Carolina Department of Health’s statewide immunization registry that collects vaccination history and information to serve the public health goal of preventing the spread of vaccine preventable diseases. The registry complies with federal health information privacy laws. CIMA will send and receive information regarding your vaccination status.

AI DICTATION

AI Scribe dictation is utilized to convert spoken words into text format for the purpose of documenting medical information in an efficient and accurate manner. The AI tool may be employed in the transcription of medical notes, reports, and other relevant documents.

Any verbal information provided by you or my healthcare provider may be recorded using AI scribe dictation. The AI System processes and transcribes spoken words into text, contributing to the creation of your medical records. The AI scribe will not be used to make any decisions about your care. Your provider will review all information in your medical record including the AI-scribed notes, before making any decisions about your care.

**Patient or authorized
representative
signature:**

Date:
