JELLYBEAN PEDIATRICS, LLC

House Call & Telemedicine Consent

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Reference Copy

This document is provided so families can review the forms used by Jellybean Pediatrics before enrollment. Official enrollment paperwork will be completed electronically after joining the practice.

Jellybean Pediatrics provides pediatric medical care through a combination of house calls, telemedicine, telephone communication, and secure electronic messaging. This Consent form describes the nature, benefits, and limitations of receiving care through these methods.

By signing below, I acknowledge and consent to the following:

1. House Call Services

Medical care may be provided in my home or another mutually agreed-upon location.

I understand that:

• A responsible adult age 18 years or older must be present for all house call visits.

• House calls are provided based on clinical appropriateness, scheduling availability, travel considerations, weather conditions, and safety concerns.

• Dr. Beene may determine that a house call is not the most appropriate setting for care and may recommend telemedicine, urgent care, emergency care, or another level of care.

• Care provided in a home setting may have limitations compared with care provided in a hospital or other medical facility.

I agree to provide a reasonably safe environment for the delivery of medical care.

2. Telemedicine & Electronic Care

Care may be provided through video visits, telephone visits, secure messaging, text messaging, or other technologies approved by Jellybean Pediatrics.

I understand that:

• Telemedicine and electronic communication are often effective ways to evaluate and manage pediatric concerns.

• Telemedicine may not be appropriate for every medical condition.

• Certain concerns require an in-person examination, urgent care evaluation, emergency care, laboratory testing, imaging, or referral to another healthcare professional.

• Dr. Beene may recommend an alternative form of evaluation when clinically appropriate.

3. Communication Platforms

I understand that communication with Jellybean Pediatrics may occur through a combination of:

• Telephone calls

• Secure messaging platforms

• Text messaging

• Video visits

• Other approved technologies

I understand that communication expectations, response times, and after-hours coverage are described separately in the current Communication & Access Policy.

4. Telemedicine Limitations & Technology Risks

I understand that:

• Telemedicine has inherent limitations, including the inability to perform a complete physical examination.

• Technical failures, delays, interruptions, poor audio or video quality, or connectivity problems may occur.

• Medical decisions are based on the information available at the time of the encounter.

• Jellybean Pediatrics is not responsible for delays or disruptions caused by technology failures beyond its control.

5. Identity & Location Verification

For telemedicine encounters:

• I understand that Jellybean Pediatrics may verify the identity of the patient and parent/guardian.

• I understand that the patient's physical location may need to be verified at the time of the encounter.

• I understand that telemedicine services may be limited by applicable laws and regulations.

6. Privacy & Electronic Communication

Jellybean Pediatrics makes reasonable efforts to protect the privacy of medical information and electronic communications.

I understand that:

• No form of electronic communication can be guaranteed to be completely secure.

• I should participate in telemedicine visits from a reasonably private location whenever possible.

• Electronic communication should not be used for emergencies.

7. Emergencies

Jellybean Pediatrics does not provide emergency medical services.

In the event of a medical emergency, I understand that I should immediately call 911 or proceed to the nearest Emergency Department.

Emergency care should never be delayed while attempting to contact Jellybean Pediatrics.

8. Questions & Shared Decision-Making

I understand that:

• Medical recommendations are based on the information available and the physician's professional judgment.

• I am encouraged to ask questions and participate in decisions regarding my child's care.

• I may decline telemedicine services and request alternative options when available and appropriate.

Acknowledgment & Consent

By signing below, I acknowledge that:

• I have read and understand this House Call & Telemedicine Consent.

• I understand the benefits and limitations of care provided through house calls, telemedicine, telephone communication, and electronic messaging.

• I voluntarily consent to receiving care through these methods when clinically appropriate.

• I am the parent or legal guardian of the patient listed below and have authority to provide this consent.

Patient Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Signature: _____

Date: _____