



Specialists in Kidney Disease and Hypertension

Heather T. Lechnowsky, M.D. David C. Goldner, M.D. Sonali S. Deshmukh, M.D. Joseph P. Bast, M.D.
Lindsay J. Gage, M.D. Judd P. Bauer, M.D. Richard J. Lund, M.D. Jennifer A. Fillaus, D.O. Jeremy P. Pepin, M.D.
Julia Wageman, APRN-NP Roxanne Kardell, APRN-NP

TELEHEALTH/TELEPHONE CONSENT FORM

I, _____, agree to receive medically necessary telehealth and/or telephone services from Omaha Nephrology, P.C., where my nephrologist is located at a distant site location for my office visit. The distant site location is located at 1111 N. 102nd Ct, Suite 200, in Omaha, Nebraska 68114.

I understand that:

- 1. I retain the right to refuse telehealth/telephone consultations at any time without affecting my right to future care or treatment and without risking the loss or withdrawal of any program benefits to which I would otherwise be entitled.
2. All existing confidentiality protections shall apply to my telehealth/telephone consultation.
3. I shall have access to all medical information resulting from the telehealth/telephone consultation, as provided by law.
4. Information from the telehealth/telephone service cannot be released to researchers or anyone else without my written consent.
5. If I decline telehealth/telephone services, I can alternatively be seen in person.
6. I will be informed whether the telehealth/telephone consultation will be or will not be recorded.
7. I will be informed of all people who will be present during my telehealth/telephone service.
8. I retain the right to exclude anyone from either the originating or distant site.
9. I understand that this consent is valid for six months for follow-up telehealth/telephone services with this healthcare provider.

I have read this document carefully and my questions have been answered to my satisfaction.

PATIENT NAME

PATIENT DATE OF BIRTH

PATIENT SIGNATURE

DATE