

State Telehealth Consent Disclosures

TeleDirectMD — Operated by Dr. Parth Bhavsar, M.D., Board-Certified Family Medicine

Effective Date: April 16, 2026 | Coverage: 41 States + District of Columbia (42 Jurisdictions)

Important: This document contains state-specific telehealth informed consent disclosures required by law in certain jurisdictions. By proceeding with your TeleDirectMD visit, you acknowledge that you have been provided access to this document and the disclosures applicable to your state. This document supplements — and does not replace — the universal informed consent provided during the patient intake process.

Legal Notice: This document is a compliance planning tool synthesized from state statutes, administrative codes, and publicly available regulatory guidance. It does not constitute legal advice. For questions about your rights as a patient, consult a licensed attorney in your jurisdiction.

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Section 1: Universal Consent Disclosures

The following disclosures apply to all TeleDirectMD patients regardless of state. These constitute the baseline informed consent elements required across all 42 jurisdictions served by TeleDirectMD.

1. **Provider Identity:** Your treating provider is Dr. Parth Bhavsar, M.D., Board-Certified Family Medicine, practicing under all applicable state medical licenses.
2. **Nature of Telehealth:** Your visit will be conducted via live, synchronous video using a HIPAA-compliant, encrypted telehealth platform.
3. **Scope and Limitations:** Telehealth cannot replicate a full in-person physical examination. If your provider determines that in-person evaluation is necessary, you will be informed and referred accordingly.
4. **Eligibility:** TeleDirectMD provides services to adults aged 18 and older only. You must be physically located in a covered state at the time of your visit.
5. **Fee Disclosure:** The direct-pay consultation fee is \$49, payable before your visit. This fee covers the physician consultation. If a prescription is issued, medication costs at your pharmacy are separate and not included in the consultation fee. If you are using health insurance accepted by TeleDirectMD, your actual cost-sharing (copay, coinsurance, or deductible) will be determined by your plan. Contact your insurer prior to your visit to confirm telehealth coverage and applicable cost-sharing amounts.
6. **Prescribing Policy:** TeleDirectMD does not prescribe controlled substances (Schedule II–V) under any circumstances, including opioids, benzodiazepines, stimulants, and sleep medications.
7. **Emergency Disclaimer:** TeleDirectMD does not provide emergency services. If you are experiencing a medical emergency, call 911 or go to your nearest emergency room immediately.
8. **No Ongoing Relationship:** Each telehealth visit is an episodic encounter. Use of TeleDirectMD does not establish an ongoing provider-patient relationship or substitute for a primary care provider, except where applicable state law provides otherwise.
9. **Right to Refuse:** You may refuse or discontinue telehealth services at any time without penalty or loss of benefits to which you are otherwise entitled.
10. **Privacy:** Your health information is protected under HIPAA and applicable state privacy laws. TeleDirectMD's Privacy Policy and Notice of Privacy Practices are available at teledirectmd.com/privacy-policy.
11. **Consent to Treat:** By proceeding with your visit, you confirm that you have read and understood these disclosures, that you consent to receive telehealth services from TeleDirectMD, and that the information you provide is accurate and complete.

Section 2: State-Specific Supplemental Disclosures

The following 16 states require supplemental consent disclosures beyond the universal baseline. If you are located in one of these states at the time of your visit, the disclosures below apply to you in addition to the universal disclosures in Section 1.

Arizona (AZ)

Statutory Reference: Ariz. Rev. Stat. § 36-3602; Ariz. Admin. Code R4-16-401 | Risk Level: **Medium** | Renewal: Not specified (document if verbal)

ARIZONA SUPPLEMENTAL DISCLOSURE

- (1) **IMAGE AND INFORMATION SHARING:** You have the right to consent before any identifiable images or information about you are shared with other parties.
- (2) **OUT-OF-STATE PROVIDER CONSENT:** If you are receiving care from a provider licensed outside of Arizona, you are providing consent both to receive telehealth services and to the use of any identifiable images captured during this visit.
- (3) **VERBAL CONSENT DOCUMENTATION:** Any verbal consent given today will be documented in your medical record.

Colorado (CO)

Statutory Reference: Colo. Rev. Stat. § 25.5-5-320; 3 Colo. Code Regs. § 713-15 | Risk Level: **Medium** | Renewal: Not specified

COLORADO SUPPLEMENTAL DISCLOSURE

- (1) **RIGHT TO REFUSE:** You have the right to refuse telehealth services at any time without affecting your right to future care or treatment, and without risking the loss of any program benefits to which you are otherwise entitled.
- (2) **CONFIDENTIALITY:** The confidentiality of your health information is protected by applicable state and federal law, and the technology used in this telehealth visit is designed to safeguard your privacy.

Connecticut (CT)

Statutory Reference: Conn. Gen. Stat. § 19a-906; Conn. Agencies Regs. § 19a-906-1 | Risk Level: **Medium** | Renewal: First visit only

CONNECTICUT SUPPLEMENTAL DISCLOSURE

- (1) **TREATMENT METHODS AND LIMITATIONS:** At this first telehealth interaction, we are required to inform you about the methods of treatment we will use and any limitations of telehealth care that may be relevant to your situation. Limitations may include: inability to perform a full physical examination, potential for technical interruptions, and clinical situations where in-person care is more appropriate.
- (2) **PRIMARY CARE PROVIDER DISCLOSURE:** Connecticut law requires us to ask whether you consent to TeleDirectMD sharing a summary of today's visit with your primary care clinician. You may accept or decline this at any time.

Delaware (DE)

Statutory Reference: Del. Code Ann. tit. 24, § 1769D; Del. Admin. Code tit. 24, § 1700-9.0 | Risk Level: **High** | Renewal: Not specified

DELAWARE SUPPLEMENTAL DISCLOSURE

- (1) **DELIVERY MODEL:** Your care today is being provided via telehealth — a remote delivery model using secure audio/video technology that connects you with your provider without requiring an in-person visit.
- (2) **TREATMENT METHODS:** Your provider will use clinical interview, review of your health history and any relevant records, and visual observation to assess and treat you.
- (3) **LIMITATIONS:** Telehealth cannot replicate a full in-person physical examination. If your provider determines that in-person evaluation is necessary, you will be informed and referred accordingly.
- (4) **TECHNOLOGY:** This visit uses a HIPAA-compliant, encrypted telehealth platform. Your data is transmitted securely and is not stored beyond what is required for your medical record.

Hawaii (HI)

Statutory Reference: Haw. Rev. Stat. § 453-1.3; Haw. Admin. Rules § 16-85 | Risk Level: **High** | Renewal: Regular intervals (per-visit re-acknowledgment as conservative default)

HAWAII SUPPLEMENTAL DISCLOSURE

- (1) **IDENTITY VERIFICATION:** You may request verification of your clinician's credentials at any time.
- (2) **TELEHEALTH DETERMINATION:** Your clinician has determined that telehealth is appropriate for your care needs at this time. If in-person care is needed, you will be informed.
- (3) **SECURITY MEASURES:** TeleDirectMD uses encrypted, HIPAA-compliant technology to protect the confidentiality of your health information during this telehealth visit.
- (4) **POTENTIAL INFORMATION LOSS:** While we use secure, high-quality technology, there is a potential risk of information loss or interception inherent in any electronic transmission. We take all reasonable steps to minimize this risk.

Louisiana (LA)

Statutory Reference: La. Rev. Stat. Ann. § 37:1271; La. Admin. Code tit. 46, § XLV-7511 | Risk Level: **High** | Renewal: One-time (re-disclose if provider information changes)

LOUISIANA SUPPLEMENTAL DISCLOSURE

- (1) PROVIDER INFORMATION: Your treating provider is Dr. Parth Bhavsar, M.D., Board-Certified Family Medicine. Contact: contact@teledirectmd.com | (678) 956-1855.
- (2) PROVIDER-PATIENT RELATIONSHIP: This telehealth visit may establish a new provider-patient relationship or continue existing care, as provided under Louisiana law.
- (3) FOLLOW-UP CARE: Follow-up appointments may be scheduled by contacting TeleDirectMD. For urgent concerns between visits, contact us at (678) 956-1855.
- (4) EMERGENCY CARE: In the event of a medical emergency, call 911 immediately. Do not use this telehealth platform for emergencies.
- (5) ACCESS TO MEDICAL RECORDS: You may request copies of your medical records by contacting TeleDirectMD at contact@teledirectmd.com.
- (6) TECHNOLOGY FAILURE: If our connection is interrupted during your visit, TeleDirectMD will attempt to reconnect. If reconnection is not possible, we will contact you at the phone number on file.
- (7) PRIVACY PRACTICES: Your health information is protected under HIPAA and Louisiana state privacy law. Our Notice of Privacy Practices is available at teledirectmd.com/privacy-policy.

Mississippi (MS)

Statutory Reference: Miss. Code Ann. § 83-9-351; Miss. State Bd. of Med. Licensure Reg. § 5 | Risk Level: **Medium** | Renewal: Not specified

MISSISSIPPI SUPPLEMENTAL DISCLOSURE

- (1) RISKS AND BENEFITS: Benefits include convenient remote access to medical care, reduced travel burden, and timely consultations. Risks include inability to perform physical examination, potential for technical issues, and the possibility that in-person evaluation may ultimately be required.
- (2) FOLLOW-UP CARE: Your provider will discuss a follow-up care plan with you during this visit. For questions or concerns between visits, contact TeleDirectMD at (678) 956-1855.
- (3) ADVERSE REACTIONS / EQUIPMENT FAILURE: If you experience any adverse medical reaction during this visit, or if the technology fails and we are unable to reconnect, please call TeleDirectMD at (678) 956-1855 or, in an emergency, call 911.

Nebraska (NE)

Statutory Reference: Neb. Rev. Stat. § 71-8505 | Risk Level: **High** | Renewal: Prior to initial consultation

NEBRASKA SUPPLEMENTAL DISCLOSURE

(a) **RIGHT TO REFUSE:** You have the right to refuse this telehealth consultation at any time. Refusing will not affect your right to future care or treatment, and will not result in the loss of any program benefits to which you would otherwise be entitled.

(b) **CONFIDENTIALITY:** All confidentiality protections that apply to your in-person medical care apply equally to this telehealth consultation, including HIPAA and all applicable Nebraska state privacy laws.

(c) **ACCESS TO YOUR INFORMATION:** You have the right to access all medical information and records generated during this telehealth consultation, including provider notes, diagnoses, and any treatment plans.

(d) **NO UNAUTHORIZED DISSEMINATION:** No identifiable images or information obtained during this telehealth consultation will be shared with any other person or entity without your written consent.

Nevada (NV)

Statutory Reference: Nev. Rev. Stat. § 629.515; Nev. Admin. Code § 630.025 | Risk Level: **Medium** | Renewal: Not specified

NEVADA SUPPLEMENTAL DISCLOSURE

RECORD SHARING AUTHORIZATION: Nevada law requires TeleDirectMD to obtain your specific consent before forwarding your medical records to your primary care provider or other treating clinicians. You will be asked during your visit whether you authorize sharing of visit records with other providers.

New Hampshire (NH)

Statutory Reference: N.H. Rev. Stat. Ann. § 329:1-d; N.H. Admin. Rules Med 501 | Risk Level: **Medium** | Renewal: Not specified

NEW HAMPSHIRE SUPPLEMENTAL DISCLOSURE

(1) **PROVIDER TYPE:** Your provider at TeleDirectMD is Dr. Parth Bhavsar, M.D. — a licensed physician. New Hampshire law requires that patients be advised when their telehealth provider is not a physician.

(2) **PRIMARY CARE RECORD RELEASE:** You may authorize TeleDirectMD to release relevant records from today's visit to your primary care provider. You will be asked about this during your visit.

Pennsylvania (PA)

Statutory Reference: Pa. Stat. Ann. tit. 35, § 521.3; 28 Pa. Code § 1001.3 | Risk Level: **High** | Renewal: Not specified

PENNSYLVANIA SUPPLEMENTAL DISCLOSURE

(1) TYPES OF PERMITTED TRANSMISSIONS: During this telehealth encounter, health information that may be transmitted includes: audio and video communications, clinical notes, medical history, laboratory results, imaging, and other health records as clinically necessary.

(2) TELEHEALTH VS. IN-PERSON CARE: Telehealth is appropriate for routine follow-up, management of established conditions, prescription management, and initial consultations for non-emergency conditions. In-person care is recommended when you require physical examination, your condition is an emergency, diagnostic testing is needed, or your provider determines it is clinically necessary.

(3) SECURITY MEASURES: TeleDirectMD uses HIPAA-compliant, encrypted telehealth technology. While we implement industry-standard security measures, no system can guarantee absolute protection.

(4) HOLD HARMLESS: TeleDirectMD shall not be liable for information lost or compromised due to technical failures outside of TeleDirectMD's reasonable control, provided that TeleDirectMD has implemented reasonable and appropriate security measures.

(5) PHI FORWARDING CONSENT: You will be asked to provide express consent regarding the forwarding of your protected health information (PHI) to treatment team members, billing personnel, and as otherwise required by law.

Texas (TX)

Statutory Reference: Tex. Occ. Code § 111.005; 22 Tex. Admin. Code § 174.10 | Risk Level: **High** | Renewal: Prior to each encounter, or at minimum annually

TEXAS SUPPLEMENTAL DISCLOSURE

(1) **TELEHEALTH FEES:** Telehealth services may result in fees. Your estimated cost for this visit is \$49 (direct-pay consultation fee). If you are using health insurance accepted by TeleDirectMD, please contact your insurer to confirm telehealth coverage and any applicable cost-sharing amounts.

(2) **PHI DISCLOSURE RECIPIENTS:** Your protected health information (PHI) generated during this visit may be shared with members of your treatment team, billing and administrative staff, health plans/insurers as required for payment, and as required or permitted by law. You have the right to request restrictions on certain disclosures.

(3) **YOUR PHI RIGHTS:** You have the right to: access your PHI; request corrections; receive an accounting of certain disclosures; and request restrictions on some uses. Contact TeleDirectMD's privacy officer at contact@teledirectmd.com to exercise these rights.

(4) **APPROPRIATE USE AND LIMITATIONS:** Telehealth is appropriate for assessment, diagnosis, and management of many conditions. Limitations include inability to conduct physical examination and potential technical disruptions. Your provider will advise you if in-person care is needed.

(5) **SECURITY AND PRIVACY STANDARDS:** TeleDirectMD uses HIPAA-compliant, encrypted platforms that meet or exceed Texas state security standards for the protection of patient health information.

(6) **TECHNICAL FAILURE:** If technology fails during your visit, TeleDirectMD will attempt to reconnect. If unsuccessful, we will call you at the phone number on file.

(7) **PROVIDER INFORMATION:** TeleDirectMD services are provided through teledirectmd.com. Provider information, credentials, and licensing are available at teledirectmd.com and upon request.

This consent is valid for one year from the date signed. Texas law requires re-execution prior to each visit or at least annually.

Utah (UT)

Statutory Reference: Utah Code Ann. § 26B-4-501; Utah Admin. Code R156-1-601 | Risk Level: **Medium** | Renewal: Not specified

UTAH SUPPLEMENTAL DISCLOSURE

(1) **PATIENT IDENTITY CONFIRMATION:** You will be asked to confirm your identity (full name and date of birth) before your visit begins.

(2) **PATIENT LOCATION:** You will be asked to confirm your current physical location (city and state) to establish Utah jurisdiction and for emergency services if needed.

(3) **PROVIDER IDENTITY AND CREDENTIALS:** Your provider is Dr. Parth Bhavsar, M.D., Board-Certified Family Medicine. You may verify this license at the Utah Division of Professional Licensing: dopl.utah.gov.

Washington (WA)

Statutory Reference: Wash. Rev. Code § 48.43.735; Wash. Admin. Code § 246-12-040 | Risk Level: **High** | Renewal: First visit per episode of care; re-obtain if modality changes

WASHINGTON SUPPLEMENTAL DISCLOSURE

(1) **YOUR RIGHT TO CHOOSE VISIT MODALITY:** You have the right to choose your preferred telehealth visit format: video visit (audio and video) or audio-only telephone visit.

(2) **AUDIO-ONLY LIMITATIONS:** Washington law requires that you be informed of your right to choose an audio-only visit format. TeleDirectMD currently offers video visits only; audio-only telephone visits are not available at this time. All TeleDirectMD visits are conducted via live, synchronous, HIPAA-compliant video. If your circumstances require audio-only care, TeleDirectMD will assist you in identifying an appropriate alternative provider.

(3) **STORE-AND-FORWARD:** If applicable, TeleDirectMD may transmit your health information to a consulting provider for asynchronous review. Separate consent will be obtained if store-and-forward services are used.

Wisconsin (WI)

Statutory Reference: Wis. Stat. § 448.975; Wis. Admin. Code Med § 18.05 | Risk Level: **High** | Renewal: Ongoing (per-visit re-acknowledgment as conservative default)

WISCONSIN SUPPLEMENTAL DISCLOSURE

(1) **PATIENT IDENTIFICATION:** You will be asked to confirm your full name and date of birth.

(2) **PROVIDER IDENTIFICATION AND CREDENTIALS:** Your provider is Dr. Parth Bhavsar, M.D., Board-Certified Family Medicine.

(3) **TECHNOLOGY USED:** This telehealth visit uses a HIPAA-compliant telehealth platform with AES-256 encryption for all audio and video transmissions.

(4) **CLINICIAN DETERMINATION:** Your provider has determined that telehealth is clinically appropriate for your care needs for this visit. If in-person care is later determined to be necessary, you will be informed and referred accordingly.

(5) **SECURITY MEASURES:** TeleDirectMD protects your health information using encrypted transmission, HIPAA-compliant data storage, access controls limiting information to authorized personnel, and regular security assessments.

Wyoming (WY)

Statutory Reference: Wyo. Stat. Ann. § 33-26-102; Wyo. Rules & Regs. MED Ch. 1 § 15 | Risk Level: **Medium** | Renewal: Not specified

WYOMING SUPPLEMENTAL DISCLOSURE

(1) **RISKS OF REMOTE TREATMENT:** Telehealth involves risks including: technical limitations that may affect visit quality, inability to perform hands-on physical examination, potential for transmission errors, and the possibility that a clinically relevant finding may not be detectable via telehealth.

(2) **BENEFITS OF REMOTE TREATMENT:** Telehealth provides convenient access to care from your location, reduced travel time and cost, timely access to specialists, and the ability to receive care when in-person visits are difficult.

(3) **ALTERNATIVES TO REMOTE TREATMENT:** You have the right to receive care in person rather than via telehealth. Contact TeleDirectMD at (678) 956-1855 to schedule an in-person appointment or receive a referral to a local provider.

Section 3: States Covered by Universal Consent

The following 13 states require informed consent for telehealth but do not mandate specific supplemental language beyond what is included in TeleDirectMD's universal consent (Section 1). No additional disclosures are required for patients in these states.

State	Abbr.	Statutory Reference
Alabama	AL	Ala. Admin. Code r. 540-X-15
California	CA	Cal. Bus. & Prof. Code § 2290.5
District of Columbia	D.C.	D.C. Mun. Regs. tit. 17, § 4618
Indiana	IN	Ind. Code § 25-1-9.5-8
Iowa	IA	Iowa Admin. Code r. 653-13.11
Kentucky	KY	201 Ky. Admin. Regs. 9:260
Maine	ME	Me. Rev. Stat. Ann. tit. 24-A, § 4316
Maryland	MD	Md. Code Ann. Health-Gen. § 15-141.2
Michigan	MI	Mich. Comp. Laws § 333.16285
North Carolina	NC	N.C. Gen. Stat. § 90-18.1
Ohio	OH	Ohio Rev. Code Ann. § 4731.296
Tennessee	TN	Tenn. Code Ann. § 63-1-155
West Virginia	WV	W. Va. Code § 30-3-13a

Section 4: States with No Specific Telehealth Consent Requirements

The following 13 states impose no telehealth-specific informed consent requirements beyond standard medical practice. TeleDirectMD's universal consent (Section 1) exceeds any applicable requirements in these states.

State	Abbr.	Statutory Reference
Florida	FL	Fla. Stat. § 456.47
Georgia	GA	Ga. Comp. R. & Regs. r. 360-3-.07
Idaho	ID	Idaho Admin. Code r. 22.01.01.040
Illinois	IL	210 Ill. Comp. Stat. 49/
Kansas	KS	Kan. Admin. Regs. § 100-26-1

Minnesota	MN	Minn. Stat. § 62A.673
Missouri	MO	Mo. Rev. Stat. § 191.1145
Montana	MT	Mont. Admin. R. 24.156.2801
New Jersey	NJ	N.J. Stat. Ann. § 45:1-62
North Dakota	ND	N.D. Admin. Code § 50-02-07-01
Oklahoma	OK	Okla. Admin. Code § 435:10-7-5
South Carolina	SC	S.C. Code Ann. § 40-47-37
South Dakota	SD	S.D. Codified Laws § 36-4-44.1

Section 5: Consent Renewal Schedule

Certain states require periodic renewal of telehealth consent. The following table summarizes renewal requirements for states in TeleDirectMD's coverage area.

Frequency	States	Action Required
Per Encounter or Annually	Texas	Re-present full TX consent each visit or track annual re-execution.
Regular Intervals	Hawaii, Wisconsin	No specific interval codified by statute. TeleDirectMD uses per-visit re-acknowledgment as conservative default. Hawaii additionally requires clinician's telehealth appropriateness determination documented at each encounter. Wisconsin requires ongoing maintenance of consent evidence.
First Visit Only	Connecticut, Maryland, Washington	Flag first-visit status; suppress on return visits. Maryland's requirement is satisfied by first-visit acknowledgment of the universal consent (Section 1).
One-Time (Update on Change)	Louisiana	Re-disclose only when provider information changes.
Pre-Initial Consultation	Nebraska	Must be provided before first consultation.
Standard / Not Specified	All other Tier 1 states	Re-execute when patient information or clinical context changes.

Section 6: Contact Information

TeleDirectMD

Provider: Dr. Parth Bhavsar, M.D., Board-Certified Family Medicine

Location: Alpharetta, Georgia

Email: contact@teledirectmd.com

Phone: (678) 956-1855

Website: teledirectmd.com

Privacy Policy: teledirectmd.com/privacy-policy

Terms of Service: teledirectmd.com/terms-of-service

Sources: State statutes and administrative codes as cited in each section; AAFP Telehealth State Policy Reference Guide; American Telemedicine Association State Policy Resource Center; AccountableHQ Telemedicine Informed Consent Requirements by State (2026); Mend State Telehealth Consent Guide; Curogram State-by-State Compliance Guide (2026). All statutory references should be independently verified against current codified law.