

SAMPLE

CONSENT FOR TELEMEDICINE and TELEPHONE SERVICES

During the National EMERGENCY for the Corona Virus

We offer Telemedicine services, and telephone services when allowed, during this time of National Emergency for your protection and important medical care. Insurance coverage will be mostly available during this time UNLESS you are coming into the office in the next 24 hours or have been to the office in the last 7 days.

We ask for your Consent.

We ask your Consent that one of our providers will be with you by videoconference or smart phone with video or by telephone at the time scheduled. \_\_\_\_\_(initials)

You acknowledge that for videoconference we will use GoToMeeting, which you need to download to your device, and which uses a HIPAA compliance platform. In addition, you understand and give consent that the conversation will be recorded to enter into the standard Medical Record. We may not always delete completed recordings. \_\_\_\_\_(initials)

You acknowledge that our charge for this service is \$ \_\_\_\_\_. You may be personally responsible for some of the fee. \_\_\_\_\_(initials)

You agree that we can file any fees due us to your credit card on file or to be placed on file. We cannot waive fees for cancellation less than 24 hours. \_\_\_\_\_(initials)

You understand that this is a video visit and no hands-on physical examination will be performed.

By signing below, you or your legal guardian consent to understand and acknowledge the requirements here described above.

\_\_\_\_\_  
Patient

\_\_\_\_\_  
date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Clinic