



Miller Family Dermatology Tele-Medicine Consent:

I understand that telemedicine is the use of electronic information and communication technology by a health care provider to deliver services to an individual when he/she is located at a different location site than the provider. I understand my health care provider will determine whether or not the condition being diagnosed and/or treated is appropriate for a telemedicine encounter. I understand I can choose to stop the telemedicine consult at any time.

I understand that insurance will be billed, and my usual copay and deductibles will apply. However, due to the rapidly evolving reimbursement guidelines during the COVID-19 outbreak, I agree to pay the \$100 telemedicine fee if for **ANY reason insurance does not cover this visit.**

I understand that:

- My health care professional and I will communicate by interactive video conference using a telehealth platform.
- There are potential risks to this technology, including interruptions, unauthorized access and technical difficulties. An in-person exam may be more accurate for certain skin lesions and an in-person visit may be required to adequately evaluate and/or treat the condition.
- My healthcare information may be shared with other information for scheduling and billing purposes.
- The laws protect privacy and the confidentiality of medical information also applies to telemedicine. As always, your insurance carrier will have access to your medical records for quality review/audit.

By signing this form, I certify:

- That I have read or had this form read and/or had this form explained to me.
- That I fully understand its contents including the risks and benefits of the procedure(s).
- That I have been given ample opportunity to ask questions and that any questions have been answered to my satisfaction

Signature

Printed

Date