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Consent to Participate in TeleHealth Appointments

I understand that my health care provider and I will communicate via secure interactive video conferencing; through <https://doxy.me>. My provider will send a link to my phone or email as an invitation to participate in the telehealth visit.

I understand that I should not be driving or engaging in any other activity that may be distracting during my Telehealth visit.

By signing this consent, I authorize my healthcare provider to release any relevant medical information pertaining to my medical condition and behavioral health care, to Midlothian Behavioral Health Associates, LLC, its providers and healthcare professionals. I authorize Midlothian Behavioral Health Associates, LLC and its healthcare professionals to release any and all information to my insurance company and any other party which may be responsible for paying my medical bill.

By signing this consent, I understand that my provider will be checking the Prescription Monitoring Program (PMP) before prescribing any controlled substances.

By signing this consent, I understand that my card on file will be processed for payment of my visit. I understand that it is my responsibility to update my card on file. If my card declines, the appointment will not be completed and I will be required to pay my visit amount prior to scheduling going forward.

I have read this document carefully, and hereby consent to participate in the Telehealth visit under the terms that have been described above.

Please complete the requested information below and check **ONLY 1** preference of where you would like the link for your appointment to be sent.

Email: _____

Cell Phone: _____

Patient First and Last Name

Date of Birth

Patient Signature

Date

****Please have your medication bottles with you prior to starting your telemedicine appointment**
We suggest you be somewhere quiet and away from distractions.**