Advanced Menstrual Care Center
Control your period. Improve your life!

TELEMEDICINE CONSENT

Last Name First Name Initial DOB -

I certify my understanding and agreement with the following statements about my telehealth (telemedicine) visits.

Telemedicine Consent and Billing

1) I request a telemedicine consultation.
2) I understand telemedicine visits should not occur while driving, operating equipment, or engaging in activities that require my full attention.
3) I understand my telemedicine visit will be billed consistent with nationally approved guidelines.
4) I am responsible for any co-pays, deductibles, etc. as determined by my health insurance and office policy.
1) If my telemedicine services are not covered by my insurance, I may be responsible for provided services.
5) If I must prematurely terminate my telemedicine visit, the office will bill for any services provided.
6) Recording the medical interview by any means is prohibited.

Telemedicine Evaluation

1) Physical examination is limited during telemedicine visits.
2) If a more extensive physical examination is required, a separate office visit and/or referral will be necessary.

Telemedicine Confidentiality

2) I will ensure my telemedicine interview is confidential.
3) I will inform AMCC staff or Dr. Tucker if my telemedicine visit is not confidential for any reason.

Telemedicine Visitors

1) I will notify office staff of my desire to have visitors during the telemedicine interview:
   a) When the telemedicine visit is scheduled, and
   b) Immediately at the start of the telemedicine visit.
2) No visitors or observers are permitted during my telemedicine visit until specific permission is given by Dr. Tucker.
3) Visitors in the telemedicine visit must be physically present and must identify themselves: a) visually and verbally by name, b) relationship to the patient, and c) reason for participation in the telemedicine visit.
4) All visitors in the telemedicine visit will be documented in your medical record.
5) AMCC and Dr. Tucker reserves the right to limit participants/visitors in the telemedicine visit.
6) Consent for telemedicine services can be revoked by either party at any time.

Telemedicine Expenses

There are no separate charges for getting your care using telemedicine technology. However, your internet provider (cell phone carrier and/or internet provider) may charge you for text, talk and/or data. These charges, if any, are the responsibility of the patient and not the office or Dr. Tucker.

By signing, I acknowledge that I have read and understand this document and consent to telemedicine services.

Patient Signature Date

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