

Ratnaja Katneni MD inc email and telehealth policy:

Ratnaja Katneni MD Inc office email policy to NOT provide any type of medical advice over email given complexity of your medical conditions. We advise our patients to make an in person (Preferable) or telehealth appointments as covered by your insurance.

Telehealth is defined as audio video or audio communication/ conference with your physician to discuss your medical conditions and concerns. Telehealth has several limitations such as limited physical examination and limited patient physician contact. Please review and sign telehealth consent form if you wish to receive Telehealth services.

Please check with your insurance PRIOR to scheduling telehealth appointment to ensure that your service is covered and provide us with information regarding your copays with your telehealth visit PRIOR to your appointment.

We charge a fee of \$150 IF telehealth appointments NOT covered by your insurance.

While telehealth visits may be convenient, there are several limitations and hence we recommend in person appointment after 1-2 telehealth visits.

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Fee structure for Ratnaja Katneni MD Inc and services not covered by insurance:

We charge fees for the following services that are NOT covered by your insurance.

-No show policy: We require 24 hour notice of cancellation of your scheduled appointment in order to avoid No show fees of \$ 75.

-Printing charges: Starting 2025, we will be charging 25 cents a page for each paper copy of your medical records and \$25 clerical fees.

Patient Name:

Patient signature:

Date:

CONSENT TO PARTICIPATE IN TELEMEDICINE CONSULTATION

1. **PURPOSE.** The purpose of this form is to obtain your consent for a telemedicine consultation with Dr. Ratnaja Katneni MD Inc.
2. **NATURE OF TELEMEDICINE CONSULTATION.** Telemedicine involves the use of audio, video or other electronic communications to interact with you, consult with your healthcare provider and/or review your medical information for the purpose of diagnosis, therapy, follow-up and/or education. During your telemedicine consultation, details of your medical history and personal health information may be discussed with other health professionals through the use of interactive video, audio and telecommunications technology. There are several limitations to telehealth including inability to provide physical examination for more thorough evaluation such as edema or swelling, which would be important to direct medical care and advice , limited patient-physician interaction given digital media limitations.
3. **RISKS, BENEFITS AND ALTERNATIVES.** The benefits of telemedicine include having access to medical specialists and additional medical information and education without having to travel outside of your local health care community. A potential risk of telemedicine is that because of your specific medical condition, or due to technical problems, a face-to-face consultation still may be necessary after the telemedicine appointment. Additionally, in rare circumstances, security protocols could fail causing a breach of patient privacy. The alternative to telemedicine consultation is a face-to-face visit with a physician.
4. **MEDICAL INFORMATION AND RECORDS.** All laws concerning patient access to medical records and copies of medical records apply to telemedicine. Dissemination of any patient identifiable images or information from the telemedicine consultation to participating service entities such as billing shall not occur without your consent.
5. **CONFIDENTIALITY.** All existing confidentiality protections under federal and California law apply to information used or disclosed during your telemedicine consultation.
6. **RIGHTS.** You may withhold or withdraw your consent to a telemedicine consultation at any time before and/or during the consult without affecting your right to future care or treatment, or risking the loss or withdrawal of any program benefits to which you would otherwise be entitled.
7. My health care provider has discussed with me the information provided above. I have had an opportunity to ask questions about this information and all of my questions have been answered. I have read and agreed to a telemedicine consultation.

Patient or patient representative signature: _____

Patient name: _____

Date: _____

