**Advanced Asthma Allergy & Sinus Center**

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**TELEMEDICINE/TELEHEALTH PATIENT CONSENT FORM**

* I , the undersigned patient, understand that I choose to have a telemedicine visit via the

internet, using Doxy.me, with the physician of the Advanced Asthma Allergy &

Sinus Center practice.

* I understand that I am responsible for the copay (for a specialist office visit) and any balances

not covered by my insurance company. These balances include any deductibles, coinsurance,

or insurance rejections. The telemedicine visit will be submitted by the practice to

my insurance company first before I am billed. Once the practice receives an Explanation of

Benefits, then I will be billed for any potential balances. ***(Please Note: All Self-Pay Patients will***

***be charged a fee of $75 for every Virtual Appointment and must be collected before each virtual appointment).***

* The practice is not responsible, due to COVID-19 & Federal Guidelines, for any violation

of internet privacy. The practice will do its best to ensure HIPAA compliance, but it is

not a guarantee since the consult/visit is done via the internet.

* The office visit will be documented in the patient’s medical records just like any other office

Visit.

* I understand that the physical examination part of the office visit will be limited due to the

video conversation.

* The provider will treat the telemedicine appointment visit like any other office visit (albeit

noting the limited physical examination and internet capabilities).

I understand that all of my questions have been answered to the best of the practice’s ability. I

will not hold the practice (Dr. Neena Bhatti of AAA & SC) in any liability

regarding the use of doxy.me, the internet browsers, and the telemedicine provider appointment/

visit.

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Patient Name Date of Birth

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Patient (or Guardian, if patient is under the age of 18 years) Signature

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Today’s Date