

G. DeAn Strobel, MD, PA

Hormonal Balance & Wellness

G. DeAn Strobel, MD * Susan Lee Fisher, PA-C * Brooke Lipscomb, PA-C * Angelica Ortiz, NP * Jessica Morton, NP
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Informed Consent for Telemedicine Visit

I have been asked by my healthcare provider to take part in a telemedicine consultation with the office of G. DeAn Strobel, MD, PA, and its physicians, associates, technical assistants and others deemed necessary to assist in my medical care. I understand the following:

1. Telemedicine involves the real-time evaluation, diagnosis, consultation on, and treatment of a health condition using advanced telecommunications technology, which may include the use of interactive audio, video, or other electronic media. As such, telemedicine allows the provider to see and communicate with the patient in real-time.
 - a. The telemedicine consult is done through a two-way video link-up whereby the physician or other health provider can see my image on the screen and hear my voice in real-time. However, unlike a traditional medical consult, the physician or other health provider does not have the use of the other senses such as touch or smell; and it may not be equal to a face-to-face visit.
2. Since the telemedicine providers practice in a different location and do not have the opportunity to meet with me face-to-face, they must rely on information provided by me. G. DeAn Strobel, MD, PA, and affiliated telemedicine consultants cannot be responsible for advice, recommendations, and/or decisions based on incomplete or inaccurate information provided by me or others.
3. Benefits of a telemedicine consultation are:
 - a. There is no need to travel to the office location. This is especially helpful if your location is several miles from the office location.
 - b. There is no wasted time in a waiting room.
 - c. There is no possible exposure to colds, flu, or other viruses while waiting.
 - d. You have the same ability to speak to the provider and review all results and educational materials as in an in-person visit.
4. The purpose is to assess and treat my medical condition.
5. I can ask questions and seek clarification of the procedures and telemedicine technology.
6. I can ask that the telemedicine exam and/or videoconference be stopped at any time.
7. I know there are potential risks with the use of this technology. These include but are not limited to:
 - a. Interruption of the audio/video link,
 - b. Disconnection of the audio/video link,
 - c. A picture that is not clear enough to meet the needs of the consultation, and/or
 - d. Electronic tampering.
 - e. If any of these risks occur, the procedure might need to be stopped.
8. I will not receive any royalties or other compensation for taking part in this telemedicine consult or associated with any use by G. DeAn Strobel, MD, PA.
9. While we hope every patient's visit goes smoothly, it is important that we are notified of patient concerns so we can take the appropriate steps to address them. A patient has the right to communicate a verbal or written complaint or concern regarding any aspect of his/her visit (i.e. medical care, service, conditions, billing) and expect a timely response. If you have comments, questions, or concerns, we recommend that you or your representative:
 - a. Discuss them with your immediate caregiver, or
 - b. Speak to the office administrator, or
 - c. Speak to the billing office if the concern is related to billing.
10. In order to participate in the telemedicine program, I agree to pay for the televisit or my portion of the visit (copayment) prior to the televisit.
 - a. I understand that my insurance, if appropriate, will be billed as a courtesy and that I will be responsible for any balance.

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- b. I understand that some private insurance companies are not agreeing to pay for televisits but that it is my responsibility to know my own coverage.
- c. I understand that I must reside or be physically located in the state of Texas while having a televisit.

By signing this consent, I agree to the charges on my credit card based on my insurance rates, copays, or the explained self-pay rates. I, the undersigned patient, do hereby understand and state that I agree to the above consents. I certify that this form has been fully explained to me. I have read it or have had it read to me. I understand and agree to its contents.

I volunteer to participate in the telemedicine examination. I authorize G. DeAn Strobel, MD, PA and the doctors, nurses, and other providers involved to perform procedures that may be necessary for my current medical condition.

Date: _____

Patient Name: _____ DOB: _____

Signature: _____