

Dermatology, MD

The purpose of this form is to obtain consent for a telehealth visit with Donna Bilu Martin, MD at Premier Dermatology, MD to help in the care of my skin issue. In a telehealth visit, I will interact in real time with Dr. Bilu Martin via a secure, online videoconferencing technology. Alternatively, Dr. Bilu Martin may give me the option of submitting a photo and chief complaint via secure electronic messaging. Dr. Bilu Martin has the right to discontinue or not provide a consult via videoconference or secure electronic messaging should the videoconference connection or the forwarded image be of poor quality. I may be required to make an in-person appointment for further evaluation should this occur. Dr. Bilu Martin will look at my skin during a videoconference or review the photos I submitted. She will then give me advice about my dermatologic condition and how to treat and take care of my condition. This information from Dr. Bilu Martin will not be the same as a face-to-face visit because Dr. Bilu Martin is not in the same room.

With telehealth, Dr. Bilu Martin will advise me based on viewing my condition during a videoconference or based on the photos that were submitted electronically. Sometimes a face-to-face follow up visit with Dr. Bilu Martin may still be needed. If I do not come into the office for an in-person visit, Dr. Bilu Martins advice will be solely based on viewing my skin condition during a videoconference or on the information and images provided by me electronically. In the absence of an in-person evaluation, Dr. Bilu Martin may not be aware of certain facts that may limit her assessment or diagnosis of my condition and recommended treatment. It is possible that there will be errors or deficiencies in the transmission of the images of my skin condition during the videoconference or in the photos submitted electronically that may impede Dr. Bilu Martin's ability to advise me about my condition. Also, very rarely, security measures can fail to protect my personal information, but the company that is providing my telehealth has extensive security measures in place to prevent such failures from happening. I understand and agree that I solely assume the risk of any errors or deficiencies in the electronic transmission of information during my telehealth visit and further understand that no warranty or guarantee has been made to me concerning any particular result related to my condition or diagnosis. I am advised to contact Premier Dermatology, MD for worsening conditions and problems, and seek emergency medical treatment and/or call 911 if either is deemed necessary. To the extent permitted by law, I waive and release Dr. Bilu Martin and Premier Dermatology, MD, from any claims I may have about this advice or the telehealth visit generally.

Dr. Bilu Martin's medical assistants play a role in my care and may be present during the telehealth visit. Anyone that is part of the telehealth team will be supervised by Dr. Bilu Martin, and the final recommendations about my care will come from her. Also, non-medical people may help to set up the telehealth visit and equipment.

All federal and state laws covering access to my medical records also apply to telehealth. All information given at my telehealth visit will be maintained by Premier Dermatology, MD and will protected by federal and state privacy laws. I may opt out of the telehealth visit at any time. This will not change my right to future care of health benefits.

I am aware Premier Dermatology, MD will collect any co-pays and deductibles related to this visit prior to the visit. Premier Dermatology, MD will bill my insurance for this visit, but I may be responsible for some or all of the visit charges if my insurance deems this "non-covered." I understand the risks and benefits of a telehealth visit and agree to a visit under the terms above.

Patient Name

Signature of Patient or Patient's representative (if Patient is a minor or unable to sign)

Date