



Charlottesville Allergy and Respiratory Enterprises, PLLC
1524 Insurance Lane, Suite B, Charlottesville, Virginia 22911

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Consent for All Telemedicine Appointments

Date: _____ **Patient Name:** _____ **Date of Birth:** _____

What It Is

Telemedical health is the delivery of health assessment and treatment, including therapy and medication management, remotely through the use of audio and visual technology over a secure teleconferencing platform. It may also involve the electronic prescribing of medications directly to a specified pharmacy. It is distinct from traditional face-to-face encounters because the provider and patient/client are calling into a shared teleconference from separate physical locations.

Benefits

When your provider deems that telemedical health may be clinically appropriate, it can be more convenient than commuting to the office for face-to-face visits. It also aids in global and national efforts to slow the spread of the fatal COVID-19 pandemic that is currently in process. Moving to telemedical health visits helps to lower the infectious risk to patients/clients, clinic staff and all others they come in contact with.

Risks

The main risks of telemedical health occur when the technology (speakers, microphones, cameras, internet, and teleconferencing and electronic prescription software) malfunctions. These malfunctions can lead to breeches in security, impairment of communication between patient/client and provider, impairment in the provider's ability to assess the patient/client and ultimately can lead to errors in clinical decision-making. Remote visits may also make it more difficult for your provider to arrange for emergency care, if the provider believes you are experiencing a crisis. While many states acknowledge telemedical health visits as equivalent services to face-to-face visits, private insurance carriers may vary in their reimbursement of these visits. By signing this consent form you acknowledge these risks and do not hold the provider or clinic liable for any inconveniences or adverse outcomes that come as a result of these above risks.

Alternatives

Participation in telemedical health is voluntary. You may withdraw your consent at any time, including during a visit. If you withdraw your consent during a visit, you agree to continuing the visit over telephone and acknowledge that the lack of visual assessment may further impair your provider's ability to assess and treat you. It is also possible that telephone visits may not be reimbursed at the same rate by your insurance carrier as face-to-face visits. By signing this consent, you still accept responsibility for payment for your appointment if this occurs. In addition to audio-only visits by phone, you may also opt to postpone your appointment to a later date if not clinically urgent. If you are experiencing a medical emergency or are a danger to yourself or others, you should present to your local emergency room for urgent assessment and treatment.



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By signing this consent:

- You attest that you have read, understood and agree with the above risks, benefits and alternatives and agree to conducting your upcoming appointments remotely through telemedical health.
- You agree that if your provider believes you to be in a medical crisis, they may call 911 to arrange for your emergency care on your behalf.
- You agree not to record visits or allow others to listen to or see your visits without the acknowledgement and agreement of your provider.
- You acknowledge that your provider does not consent to being recorded and will not be recording your visit.
- You acknowledge that you are responsible for providing your own secure internet connection and personal device with camera, microphone and speakers and that these are functional at the time of your visit.
- You agree that all other policies you have previously agreed to for face-to-face treatment at Charlottesville Allergy & Respiratory Enterprises, PLLC (CARE) still apply to these telemedicine health visits.
- You agree to be physically located in the state of Virginia when you call into your appointment.**
- You agree that all of the above has been explained to your satisfaction and that you have had the opportunity to ask or clarify any of the above points that were unclear to you.

Patient's Name (Please Print) Patient's Date of Birth

Signature of Patient or Guardian (Note Relationship) Date Signed