



5915 Murphy Road – Garland, Texas 75044  
Phone (972) 496-MYDR Fax (972) 496-MYRX

---

## Consent for Telemedicine Usage

I \_\_\_\_\_ agree to be seen via Telemedicine and give my written and verbal consent in light of the recent changes since the COVID-19 pandemic. I understand that this physician patient encounter will be conducted by using a secured video chat and will adhere to HIPAA guidelines for privacy. I agree that my physician patient encounter and presentation is non-emergent at this time. I agree that I have been advised of the potential risks and limitations of this mode of treatment (including but not limited to the absence of in-person examination, immediate laboratory, vitals, urinalysis, pulse oximetry, x-ray, and EKG, etc.) and I have agreed to be treated in a remote fashion in spite of these limitations. I agree that all of the questions from the patient/patient's family on this issue have been answered, and as the treating physician has made no promises or guarantees to cure. I further agree that I have been advised to contact this office for worsening conditions or problems, and seek emergency medical treatment and/or call 911 if my condition does not improve or worsens. I also agree that I will not have any chest pain, shortness of breath, slurred speech or any serious emergent symptoms at the present time. I understand that I will be financial responsible for this physician patient encounter and that I will be billed using the customary telemedicine rates and billing codes. Lastly, I agree that any and all disputes shall be filed and settled by arbitration by the rules and regulations promulgated by the American Arbitration Association.

Signature \_\_\_\_\_

Date \_\_\_\_\_