

***BBF, ltd* dBA Put-in-Bay Concierge Medical**

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This will serve as informed consent to treatment specifically by remote examination.

I understand this type of medicine is not perfect or ideal and there may be fine points that are missed by the initial telemedicine exam. I have the option to decline and be seen at a facility on the mainland or any other site with a physician or advanced practitioner and have chosen, or it is not possible, to do so. I will make reasonable effort to make myself available the next time the doctor is in the area for face-to-face visit f/u to this telemedicine encounter, if I do not, it is my responsibility to follow-up with another doctor or advanced provider. It is my responsibility to provide contact info for that provider so Dr Mike can send records. Dr Mike will make 2 efforts to follow-up at which point it is then my responsibility to follow-up elsewhere. I will cooperate and assist as the doctor does the following: establishes my identity and physical location, obtains my informed consent for treatment through a remote examination – which is what this document is, requests my consent to forward the medical record to my primary care provider or other health care provider, if applicable, or refer me to an appropriate health care provider, specialist or health care facility, through interaction with me, complete a medical evaluation that is appropriate for my condition with which I presents and that meets the minimal standards of care, establish or confirm, as applicable, a diagnosis and treatment plan (including documentation of the necessity for the utilization of a prescription drug and identification of any underlying conditions or contraindications); (6) documents in my medical record this consent to treatment through a remote evaluation, pertinent history, evaluation, diagnosis, treatment plan, underlying conditions, any contraindications, and any referrals to appropriate health care providers, including primary care providers or health care facilities;(7) provides appropriate follow-up care or recommend follow-up care in accordance with the minimal standards of care; (8) makes the medical record of the visit available to the patient; and(9) uses appropriate technology that is sufficient for the physician to conduct all steps described above as if the medical evaluation occurred in an in-person visit-but hand-on is not possible today at this moment. Again, I understand this is far from a perfect science.

Patient name: _____ Date: ____ / ____ / ____

Date ____ / ____ / ____
Dr. Michael F. Stretanski/BBF representative