

Telemedicine (Virtual Visit) Services for Medicare and Medicare Replacement Plans

BalanceMD has chosen a HIPAA and HITECH compliant company, doxy.me, to provide telemedicine services. Telemedicine allows you to see Dr. Sanders without actually coming into the office.

In order to use this telemedicine service, you must have at least one of the following:

- A computer with a video camera using a Firefox, Safari or Google Chrome browser
- An iOS device (iPhone, iPad, etc) using Safari
- An Android device using Google Chrome

Prior to your Virtual Visit, please be certain that BalanceMD has your up-to-date insurance card and contact information. You will be given an appointment time at which your appointment is to begin.

Prior to your first virtual visit, please go to the following link to see how doxy.me works:

<https://www.youtube.com/watch?v=yJf9N9sjDLI>

Then, a few minutes before your virtual appointment time, please log on to:

<https://doxy.me/balancemd> OR go to our website "www.BalanceMD.net", click on the orange "Virtual Visit Links" box at the top of any page of our website OR click on the "Patient Information" tab and scroll down to the bottom left where there is also a link with Dr. Sanders' photo to click on "Enter Waiting Room" to open the telemedicine (virtual) visit.

When asked "would you like to share your camera and microphone with doxy.me?", please select the appropriate camera and microphone, then click on "share selected devices". A "Welcome" window will open. Simply type your name and click on the "Check in" box. This will place you in BalanceMD's virtual waiting room and alert Dr. Sanders that you are ready for your telemedicine (virtual) visit.

If communications fail for any reason, please contact our office to arrange an alternative appointment time.

We cannot proceed with your telemedicine (virtual) visit until the following are completed:

- **Review, then sign and date the informed consent form at the bottom.**
- **Return to BalanceMD:**
 - **signed informed consent form**
 - **copy (front and back) of your insurance card (if we don't already have it)**

You may either snail mail, scan and email to info@BalanceMD.net or fax these documents to (765) 807-7101 or (317) 218-3597 prior to your first telemedicine visit. The consent form will only need to be signed once,.

**Informed Consent for Telemedicine (Virtual Visit) Services for Medicare
and Medicare Replacement Plans**

I understand that telemedicine is the use of electronic information and communication technologies by a health care provider to deliver services to an individual when he/she is located at a different site than the provider. During the coronavirus pandemic, CMS (Centers for Medicare Services) has lifted restrictions on healthcare providers to utilize telemedicine services for their patients and have extended the use of telemedicine at least through 12-31-24. I hereby consent to Dr. Scott Sanders providing health care services to me via telemedicine.

I understand that Dr. Scott Sanders will be unable to perform a physical examination which may affect his ability to specifically diagnose and/or treat my condition.

I understand that the laws that protect privacy and the confidentiality of medical information also apply to telemedicine and that my insurance carrier will have access to my medical records for quality review/audit.

I understand that if it is determined during my virtual visit that my medical condition requires an in-person visit, I will make arrangements to schedule an in-office visit.

I understand that I will be responsible for any copayments or coinsurances that apply to my telemedicine visit.

I understand that I have the right to withhold or withdraw my consent to the use of telemedicine in the course of my care at any time, without affecting my right to future care or treatment. I may revoke my consent orally or in writing at any time by contacting BalanceMD at (888) 888-3499. As long as this consent is in force, Dr. Scott Sanders may provide health care services to me via telemedicine without the need for me to sign another consent form.

I understand that delays in evaluation and treatment could occur due to deficiencies or failures of equipment and if communications fails during my virtual visit, I understand that I will need to contact BalanceMD to arrange an alternative appointment time.

I understand that reasonable and appropriate efforts have been made to eliminate any confidentiality risks associated with telemedicine visits, but in very rare instances, security protocols could fail, causing a breach of privacy of personal medical information.

In rare cases, a lack of access to complete medical records may result in adverse drug interactions or allergic reactions or other judgement errors.

I authorize Dr. Scott Sanders to use telemedicine in the course of my diagnosis and treatment.

Printed Name

Signature

Date _____