

Telehealth Consent

1. I authorize Northeast Endocrinology to use appropriate telecommunications technologies for the purpose of evaluating and diagnosing my medical condition and any health complaints.
2. I understand that technical issues may arise before or during telehealth sessions and, on occasion, my appointments may not start or end at agreed-upon times. I have been informed to allow a 1 hour window for my telehealth visit.
3. I accept that Northeast Endocrinology Physicians will attempt to contact me using conferencing software. However, I also understand that other communication channels may be used in case of internet connectivity or other issues.
4. I understand I will be contacted prior to my Telehealth visit to complete intake information as well as to collect any financial responsibility. I also understand that my insurance plan may not encompass telehealth services. In cases where my insurance plan does not cover any expenses which have been incurred, I will be personally liable to cover these charges. No show policy/ fee includes Telehealth visits.
5. I give Northeast Endocrinology permission to access my medical records for the purpose of ongoing documentation, evaluation, and analysis. I understand that all confidential information will be kept private.

I have read and understand the information provided above regarding telemedicine, have had questions answered to my satisfaction. I hereby authorize Northeast Endocrinology Associates to use telemedicine services in the course of my evaluation, diagnosis and treatment.