



True Physician Care, LLC
10215 Fernwood Road, Suite 405
Bethesda, Maryland 20817

CONSENT FOR TELEHEALTH (NON-IN-PERSON) VISITS

Name (please print)

Date of Birth

“Virtual”, “Telehealth”, or “Telemedicine” visits refer to being evaluated and treated by your physician via electronic communication while you and your treating physician are in different locations. Examples of the virtual services offered pursuant to this consent include:

- Virtual check-ins: brief phone call to determine whether an in-person visit or other appropriate treatment is necessary.
- E-visits: direct communication with physician through your secure patient portal
- Telehealth visits: use of real-time audio and/or video communication to conduct a visit while you and your treating physician are in different locations.
- Phone calls: communication via a phone call as a means to deliver a service comparable to an in-office visit.

I understand there may be limitations and/or special conditions relating to virtual or telehealth visits, including but not limited to:

- There are potential risks associated with this technology, including, but not limited to, interruptions, unauthorized access, technical difficulties, and call termination. I understand that my physician or I may discontinue the telemedicine consultation/visit if either party determines that the video or audio-conferencing connections are not adequate for my situation.
- I may be disconnected before all my medical problems are known and treated. It is my responsibility to make such conditions and symptoms known to my physician and to make arrangements for recommended follow-up care.
- Standard charges and fees apply to these “virtual” and “telehealth” visits, and I consent to virtual treatment.

Signature of Patient or Person Authorized to Consent for Patient

Date