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Telehealth Informed Consent

Tele-health is healthcare provided by any means other than face to face visit. It is certainly a major convenience, especially since it was implemented during the COVID-19 pandemic. Most patients find it very convenient to talk to their doctor without leaving their home through telephone conversation, video conferencing, such as with Skype, FaceTime, Zoom, or other similar services. However, I realize that they may not provide a secure HIPAA compliant platform.

I understand that tele-health billing information is collected in the same manner as a regular office visit. Medicare covers tele-medicine as well as most insurance companies, but it will be ultimately my financial responsibility to check with my insurance plan to determine coverage.

I understand and agree that a medical evaluation via tele-health may limit my healthcare provider's ability to fully diagnose a condition or disease which may further warrant an in-person evaluation. As the patient, I agree to accept responsibility for following my healthcare providers recommendation, including further diagnostic testing, such as lab testing, imaging studies, or endoscopies.

To the extent permitted by law, I agree to waive and release my healthcare provider and his practice from any claim I may have about the tele-health visit.

I certify that I have read and understand this agreement prior to my signature, with the opportunity to have questions answered to my satisfaction.

Name (Print): _____

Signature: _____

Date: _____