

CENTER FOR NATURAL MEDICINE
TELEMEDICINE INFORMED CONSENT FORM

The patient has been counseled regarding CNMs telemedicine policy and has verbally agreed to the following:

The patient understands that they will be conversing with their physician via a video conferencing system. The providers at CNM use Go to Connect, which the patient consents to use of for all telemedicine visits with their CNM providers. The patient understands that meeting invitations will be forwarded to them via email, which allows them to join the meeting by clicking the link. A meeting is considered an appointment and is subject to CNMs attendance policy.

The patient understands that no recording may be made of this consult. They understand that no other person may be in the room out of view. No hidden/off camera people are allowed.

The patient understands that their provider will need to confirm identity through visual contact and that the patient should maintain good lighting throughout the duration of their telemedicine visit.

The patient understands that some insurance plans do not reimburse for telemedicine. The CNM clinic's biller will submit claim requests to insurance, but the patient is responsible for any balance that is not paid.

Patient signature: _____ Date: _____

Patient name: _____